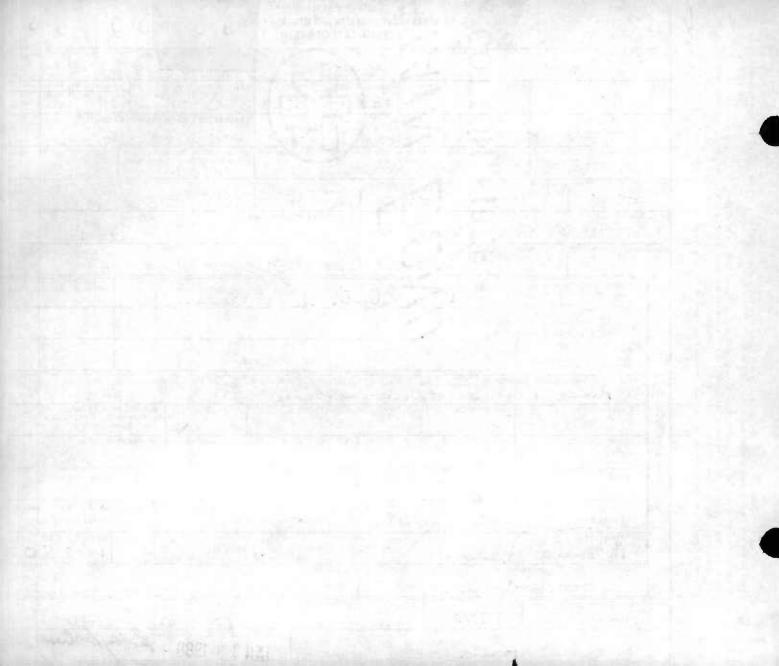
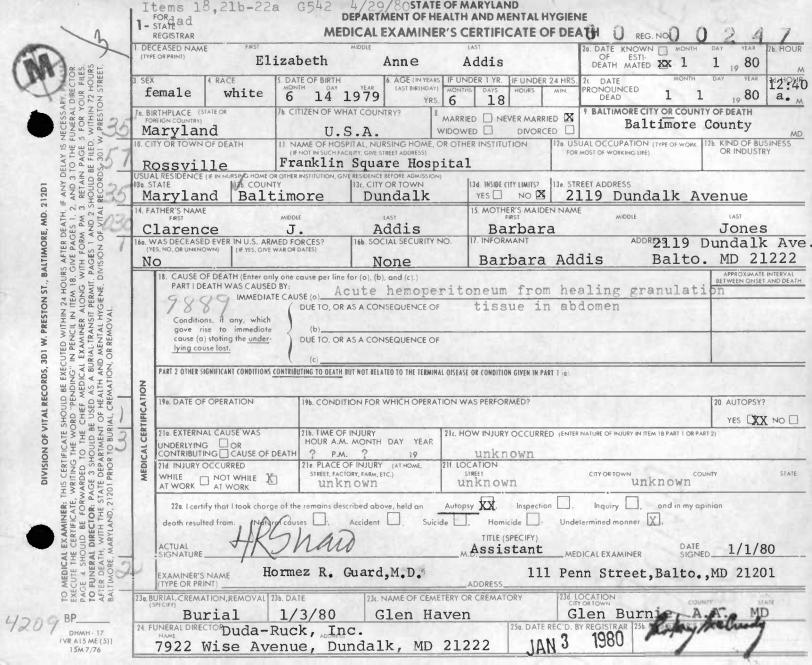
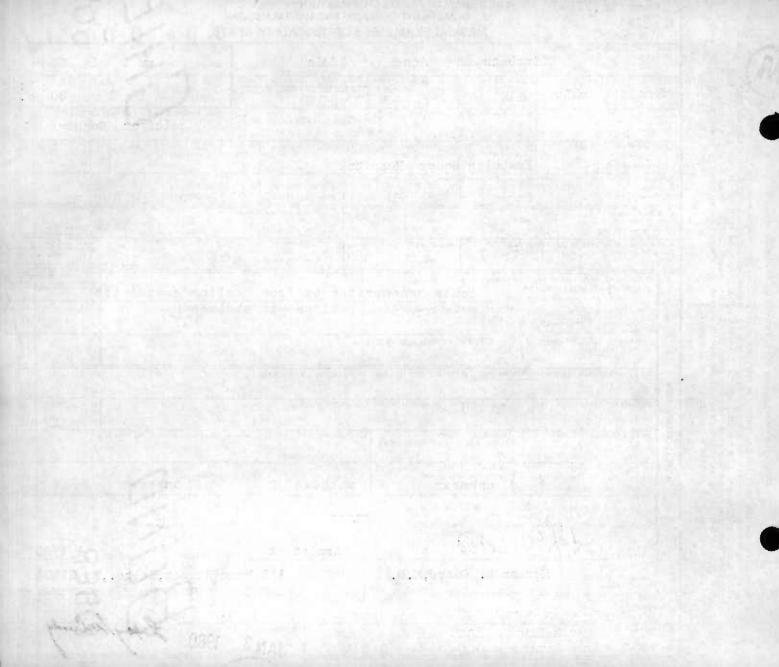
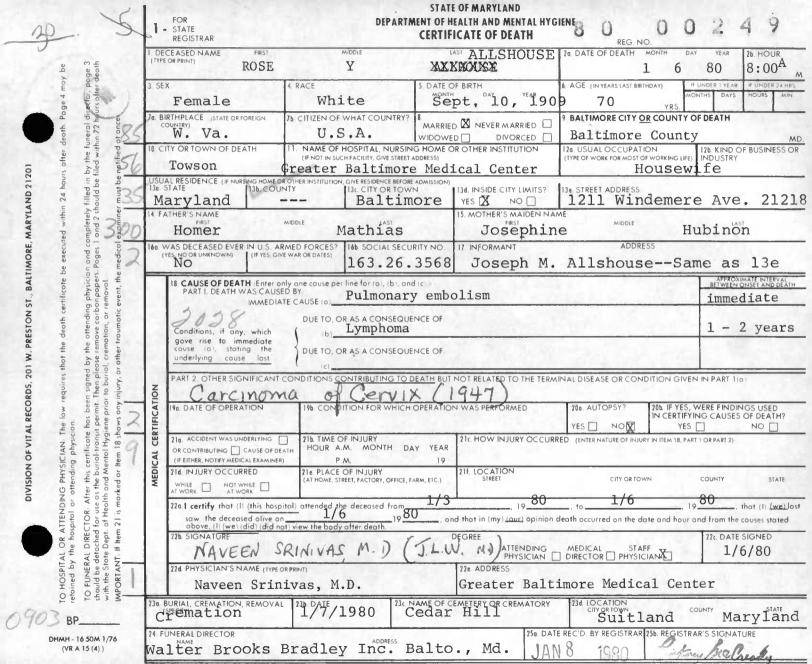
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	1.	STATE REGISTRAR		DEF		ICATE OF DEATH	REG. NO	o.	la	4 0		
		CEASED NAME FIRST		WIDDLE	l.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR		
oge 4 moy be rrector, poge 3 urs offer deoth	(1)46	Marvin		M	Abı	recht	January 2	23, 1980	5	м		
mo)	3 SE	x	4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.		
ge 4 ector		Male	Whit	e		mber]],]906	73	YRS_	ITHS! DAYS	HOURS MIN.		
0 000	Ja. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	ATRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH			
deo:h.		Maryland	U.S.	A.	WIDOWE		Baltimon	re Count	ty	MD		
offer the		TY OR TOWN OF DEATH Parkville	2929 H	HEACILITY, GIVE	street ADDRESS)	or other institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOSTO Mechanic	F WORKING LIFE)	12b. KIND OF INDUSTRY	F BUSINESS OR		
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill wol. it, the medical examiner must be no	130	AL RESIDENCE (IF NURSING HOME OF TATE IST COUNTY BETTER BE	ROTHER INSTITUTION NIY altimore	13c. CITY OF Par		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 29]9 Hi]	llcrest	Ave			
RYLA vithin vithin I 2 sh	14. FA	THER'S NAME	MIDDLE	LAS	VI.	15 MOTHER'S MAIDEN NA	MIDDLE		LAST			
mak we led w		George Fr	ank	Abrec	ht	Rose			rummit			
MORE, IMORE, or ond co		VAS DECEASED EVER IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMANT	ADDRE		111			
ALTIMC te be circon or sers. Poor				2]5-0	5-4906	Mrs Elizabe	eth A Abrech	it s	Same	MATE INTERVAL DNSET AND DEATH		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA NG PHYSICIAN: The low requires that the death certificate ottending physician. frer this certificate has been signed by the attending physic os the buriol-transit permit. Then please remove carbanpape th and Mental Hygiene prior to buriol, cremotion, or removal orked or frem 18 shows any injury, or other traumatic event, i	NOI	Conditions, if ony, which gove rise to immediate couse io), stoting the underlying couse lost	DUE TO, O DUE TO, O DUE TO, O (c)	r as a con!	SEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	D)		
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NOF VITA SICIAN: Ti ng physica certificate ritol-tronsil entol Hygi		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA			H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)			
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42 BP		Burial]/25	5/80	Mount	Olivet	Frederic	k, Mary	land	AS ELL		
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR		ADDRE			TE REC'D. BY REGISTRAR	25b. RESETRAL	4/200	ready		
(VR A 15 (4))		Leonard J	Ruck Il	c. Bal	timore,	Maryland	AN 2 5 1980		/	1		

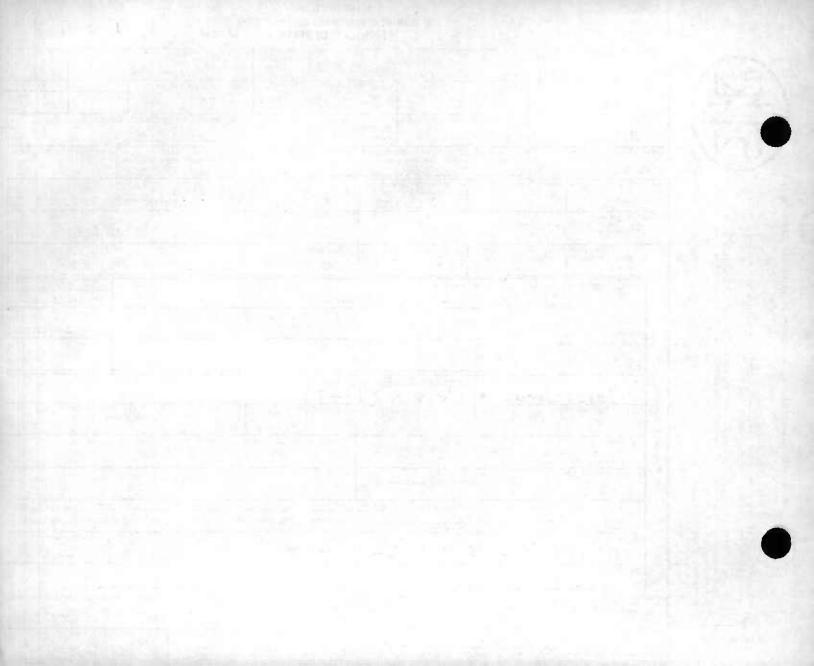






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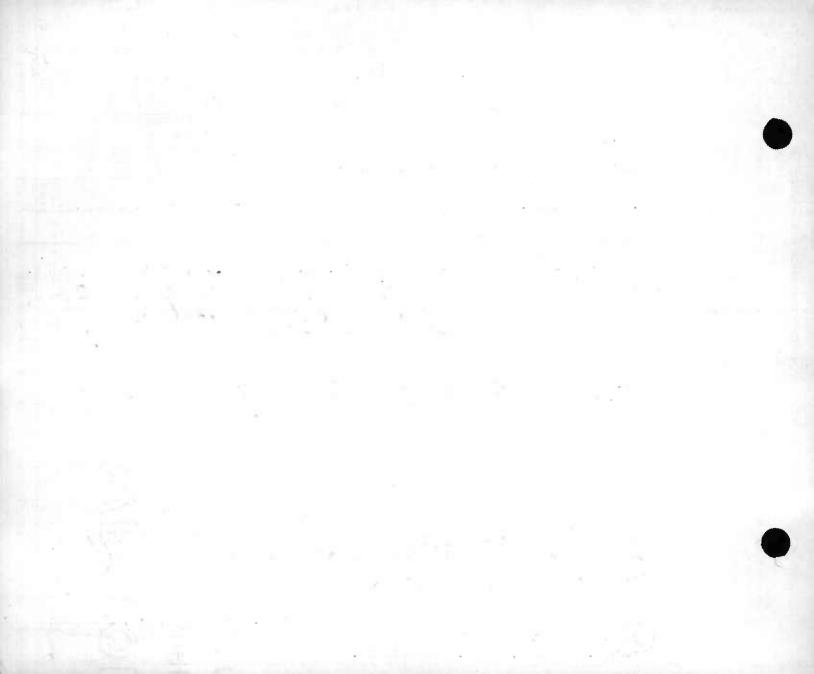
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STATE OF MARYLAND

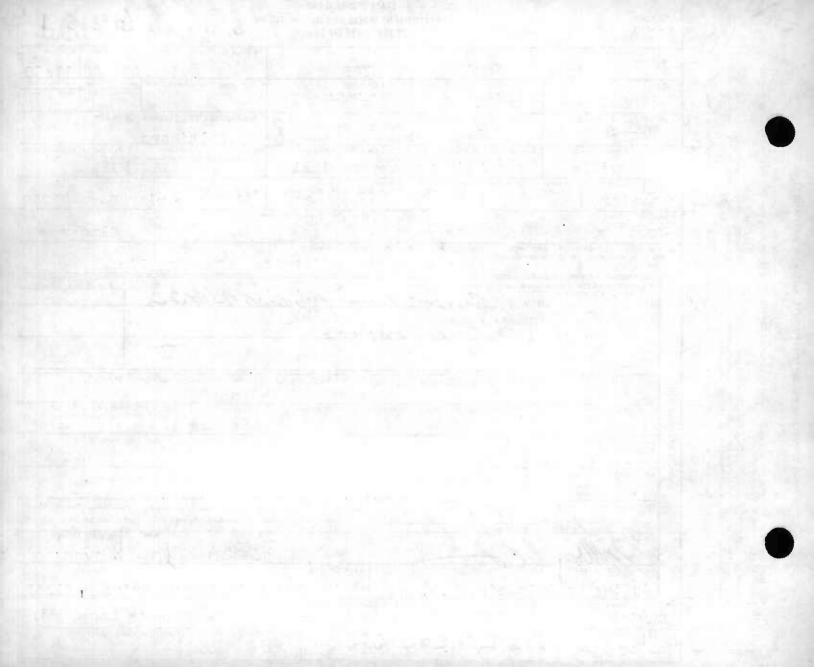
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

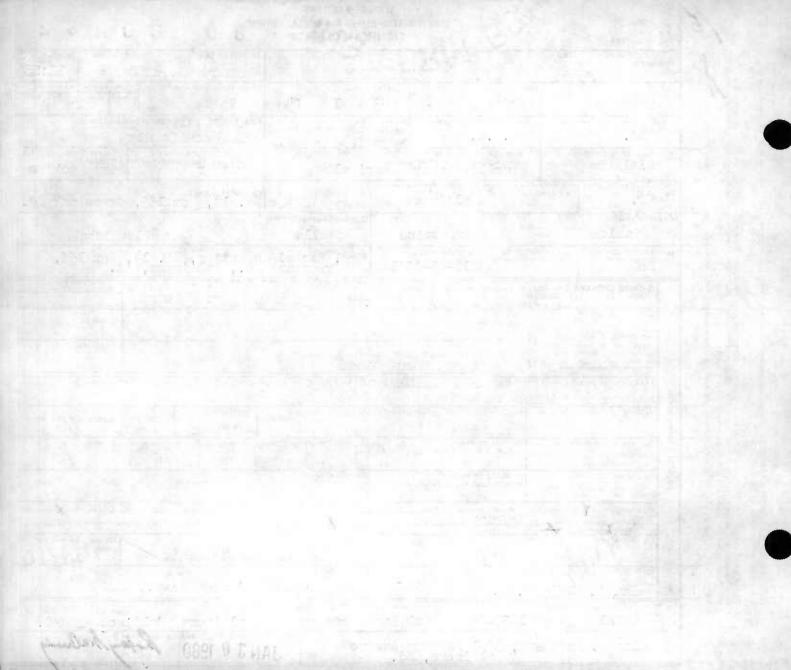
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(VRA 15, 4) 7/7B



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9		Maryland	U.S.		WIDOWE	DIVORCED [Balti			MD
- 7	10 C	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NUR	SING HOME O	R OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE) INDI	KIND OF BUSINE USTRY	SSOR
/		Rossville				Hospital		HOUSEWI	FE	
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		THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM FIRST	ME		LAST	
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1		0		213.0	3.4284	Emil Anto	osSame			
		18 CAUSE OF DEATH (Ent	er only one couse per	line for (a), (b),	and ici.i		V	. 8	APPROXIMATE INTER	VAL DEATH
		PART I. DEATH WAS CA	AUSED BY EDIATE CAUSE (0)	Carles	n. One	nang Clinde	V193 Ate	25		
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		Conditions, if any, which	th ((b)	acuto		Lefes				
		gove rise to immediate cause (a), stating the underlying cause los	DUE TO, OI	R AS A CONSEC	DUENCE OF					
	z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN P	ART I(o)	
ue swoys 2	CERTIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE	FINDINGS USED	0
2	띮						YES NO TO	IN CERTIFYING C	AUSES OF DEAT	
7	1 2	210. ACCIDENT WAS UNDERLYIN	1G 21b. TIME O	FINJURY		21c HOW INJURY OCCURE				
7		OR CONTRIBUTING CAUSE			DAY YEAR					
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		saw the deceased alin	ve on 1/30)/19	00	d that in (my) (aur) apinion o	death occurred on the d	ate and haur and fr		
		obove, (I) (we) (did) (d 22b. SIGNATURE	lid not) view the body	ofter death.		DEGREE		220	. DATE SIGNED	
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1	1	224 PHYSICIAN'S NAME	YPE OR PRINT			1220 ADDRESS	DIRECTOR - PHISIC	JAN	1/30/8	SU_
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME MIDDLE 7s DATE OF DEATH TYPE OR PRINTS IF UNDER 24 HRS 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX MONTHS DAYS HOURS MONTH YEAR 03 BALTIMORE CITY OR COUNTY OF DEATH Pa. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED T ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 14.7 ESSEX USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS ESSEX m 107 NO TO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME ARGARET 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213 10 3003 7 mit CE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR ASYA CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (and opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (1) (westeld) (did not) view the body after death. 221 DATE SIGNED DEGREE MEDICAL ATTENDING STAFF PHYSICIAN TO DIRECTOR PHYSICIAN IMPORTANT 22R ADDRESS PITZBERLY 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e BURIAL CREMATION, REMOVAL STATE OAK BURIAL ALTO 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 234 PEGSTRAR'S SIGNATURE DHMH-16 25M

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(VRA 15, 4) 1/79

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(BBX	1-5	TATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REG. NO 2 5 6									6
(IAI)	I. DEC	EASED NAME	First Antho		C.			arbera	20. [OATE KNOWN OF ESTI- EATH MATED		TIOSTO	2b. HOUR
ARY, PLEA. IL DIRECTO YOUR FILE TON STREE	3 SEX Ma	le	* RACE White	Jan 25	1898	6. AGE (IN YEAR: LAST BIRTHDAY) 81 YRS	MONTH	DER 1 YR. IF UNDER		DATE NOUNCED DEAD	MONTH A	7 190	2d. HOUR
L GREAT VITHI	FOR	THPLACE (ST		7b. CITIZEN OF WHAT COUNTRY? U.S.A. 8. MARRIED & NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED Baltimore County									MD.
PAGE FILE		Towso	n j	11. NAME OF HOS	seph	S Hosp	ital	R INSTITUTION	120. USUAL OF BARD	OF WORKING LIFE)	TYPE OF WORK 12b	OR INDUST	RY
IF ANY DE P. AND 3 T S. AND 3 T S	136. ST	arylan	d 136 COUN	R OTHER INSTITUTION, GI TY	13c. CITY Bal	or Iown timore		13d. INSIDE CITY LIMITS? YES NO	13e. STREET 2921	Rosali	alt., Md e Avenue	2123	4
		Josep	h	MIDDLE		bera		15. MOTHER'S MAIDE Josephi	.ne	MIDDLE		udicin	
ALTIMORE S AFTER DI GIVE PAGE GIVE PAGE SITH FORM VISION OF	160. W (YE:	AS DECEASED NO, OR UNKNO NO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)		12-391		Anna A. B	life: Barbera	2921]	SS Balt. Rosalie	Ave.	21234
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH SITING THE WORD. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. E 3 SHOULD BE USED AS A BURBALTRANSIT PERMIT. PAGES 1 AND 2 E DEPARTMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF WITH PRIOR TO BURBAL, CREMATION, OR REMOVAL.	7	PARTIDE Sandition gave ris	IMMEDIAT IMMEDIAT IMMEDIAT Is, if any, which e ta immediate stating the <u>under</u> -	E CAUSE (a) DUE TO, OR	AS A CONS	and (c).) SEQUENCE OF	12	- Hear	teras	lugi luf	Selve	APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
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XAMINER: THIS CERTIFICATE, WE DIRECTOR PAG WITH THE STATI ARYLAND 21201		220. I certif death resulte ACTUAL SIGNATURE	y that I taak charged fram: Nature	e af the remains designal causes	Accident		Autaps de	y , Inspection Hamicide , TITLE (SPECIFY)		nquiry , ned manner [and in my apinion DATE SIGNED	1/9/2	100
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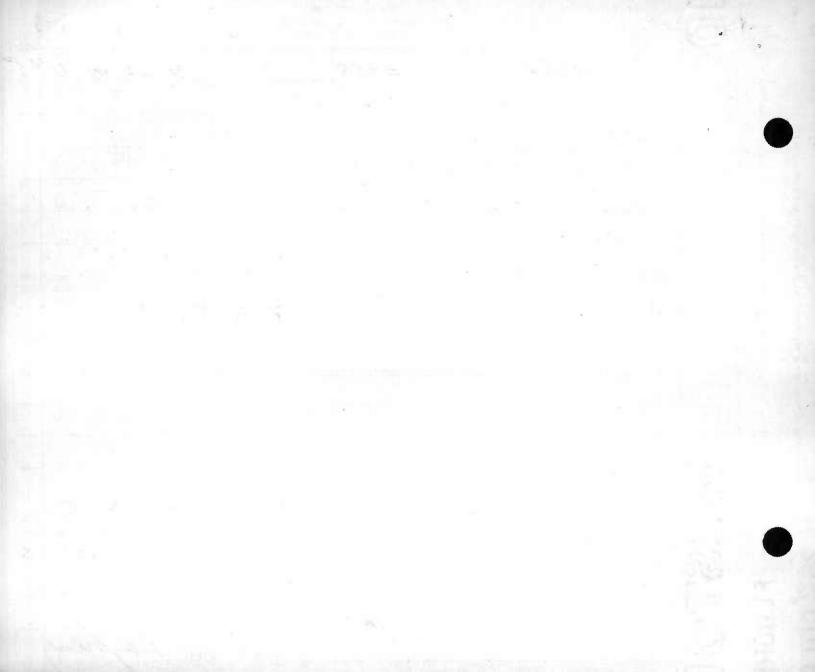
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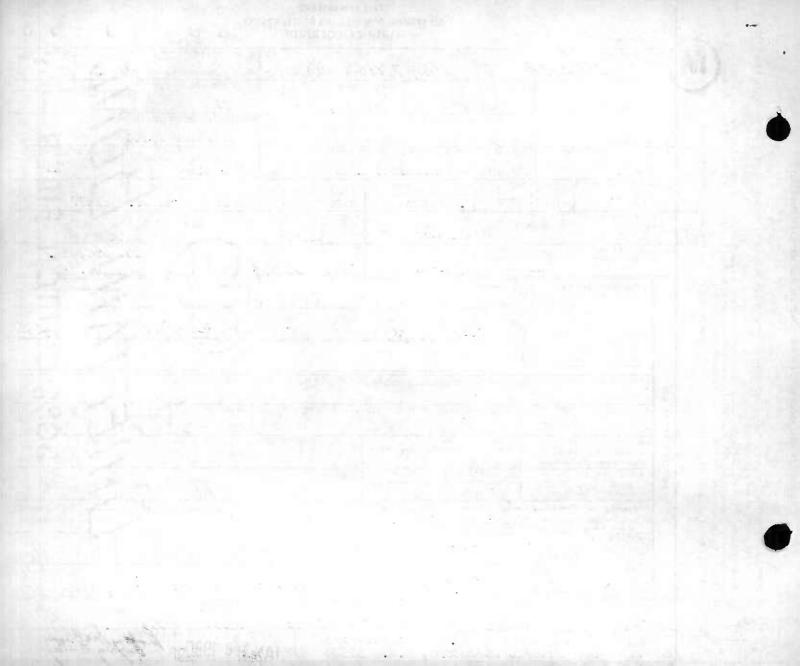
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15	FOR T- STATE					MARYLAND H AND MENTAL H	TYGIENE		,	13		
	REGISTRAR		ME		AINER'S	CERTIFICATE	OF DEATH	REG. No.	2 3	0		
	1. DECEASED NA (TYPE OR PRINT)			MIDDLE		LAST	20. DATE K	ESTI-	DAY YEAR	26. HOUR		
			LLIAM OLI				DEATH A	MATED DATE	142/1986	175N		
	3 SEX	4 RACE	5. DATE OF BIRTH	YEAR LAST!	HRTHDAY) MON	NDER 1 YR. IF UNDER	MIN. PRONOUNC	MONIH	DAY YEAR	2d. HOUR		
	Male	White		1903 77	183.		DEAD	Mary m	12/19,00	PM		
5	76. BIRTHPLACE FOREIGN COUNTI	id	USA	USA **MARRIED **INEVER MARRIED 9. BALTIMORE CITY OR COUNT WIDOWED DIVORCED Baltimore Count								
2	Towson	N OF DEATH	11. NAME OF HOS	SPITAL, NURSING PACILITY, GIVE STREET ADD	ATION (TYPE OF WORK NG LIFE) Manager	OR INDUSTI Insurat	RY					
5	USUAL RESIDENT 130. STATE Marylar	td 13b. CO	NE OR OTHER INSTITUTION, G UNITY LIMORE	13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?		s Joppa Rd.		10		
	14. FATHER'S NA	ME	MIDDLE	LAST	175	15. MOTHER'S MAIDI			LAST			
0		eorge 0.	111100-0-00	LAST			Virginia	ance	£A31			
1	16a. WAS DECEA	SED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SEC		17. INFORMANT		ADDRESS				
	No	2.44		136-05-	-4376	Rosalie A.	. Barnes	Same		1100		
	gave cause lying o	tians, if any, wh rise to immedia (a) stating the und ause last.	(b)	AS A CONSEQUEI	nen	Lezed SE OR CONDITION GIVEN IN PA	45cu)	5	5ty	10		
	190. DATE	OF OPERATION	19b. CONDI	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						?		
L	19a. DATE	1-14-8		rection	edd	eft they	6		YES 🗆	STON		
3	UNDERLYI CONTRIBU	NAL CAUSE WAS NG OR ITING CAUSE C	OF DEATH 3 P.N	MONTH DAY	YEAR	Tell es	ED LENTER NATURE OF INJUI	RY IN ITEM 18 PART A ORP.	ART 2)			
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d	death res		arge of the remains de	Accident .	Suicide _	osy , Inspection , Homicide , TITLE (SPECIFY)	Undetermined man			1		
2	ACTUAL SIGNATUI EXAMINEI		acles to	Len	all ,	1.D. 09pv	MEDICAL EXAMI	NER SIGN	ED 6 (2-1)	180		
	(TYPE OR F	RINT)	Charles F				Noek Rd.	Towson, 1	1d.			
	Buria		Jan. 25,1		FCEMETERY O	ge	23d. LOCATION CHYOR TOWN Pikesvil	le, Balto	Co., Me	d.		
	24. FUNERAL DIE Mitchel	l-Wiedef	eld Home,	7	00 York	Mu.	READ: BY REGISTRAN	25b. REGISTRAR'S	SIGNATURE	7		

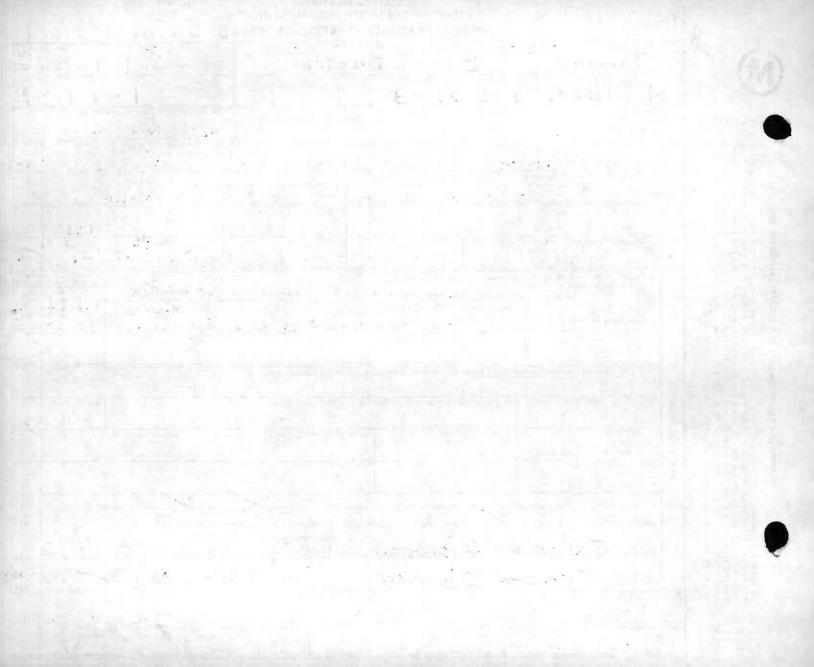
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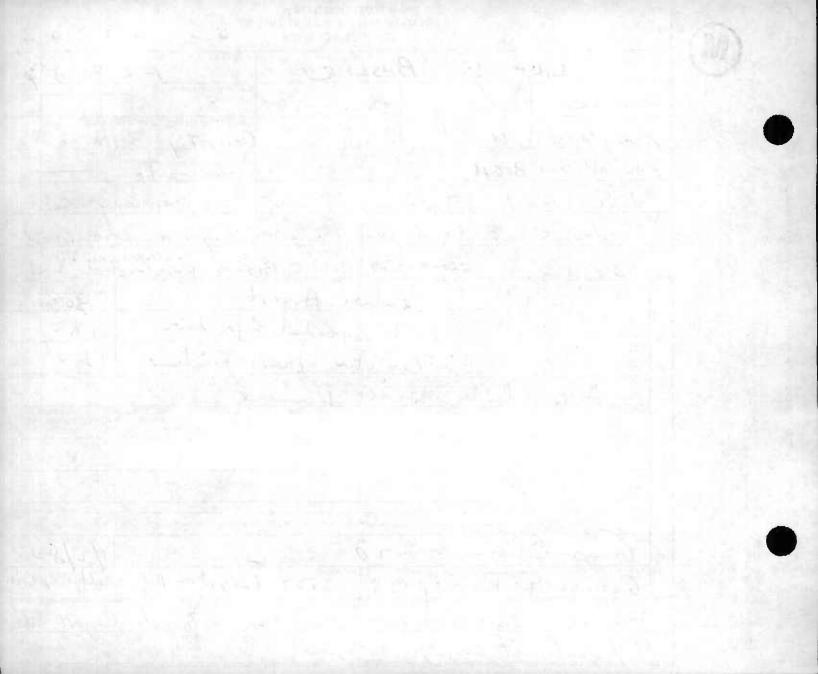


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR PE OR PRINTI PENE auguren 6. AGE (IN TEARS LAST BIRTHDAY) 4 RACE IF UNDER LYEAR MONTH DAYS HOURS March 29. Female white 1902 BALTIMORE CITY OR COUNTY OF DEATH OR BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland Baltimore County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Towson Convalescent Home Homemaker Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mary land Baltimore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3616 Sylvan Dr. 21207 Lochearn YES [NOIT 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE James Traynor Walker unknown MAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT Baltimore, Md. (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 3616 Sylvan Dr. 21207 212-10-0658B John Bartholomaeus No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOM YES T NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITAOR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this haspital) affinded the decreased from, 6 11980 sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED 22h SIGNATUR DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 220-ADDRESS should be with the S 0 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial /10/80 Loudon Park Cemeteru Baltimore City Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. R. 8728 Liberty RD. ADDRESS Randallstown DHMH - 16 60M 7/73 (VR A 15 (4)) Loring Buers Funeral Directors, P.A. 21133



		FOR		DI	STA EPARTMENT OF	HEALTH AND A		IENE		
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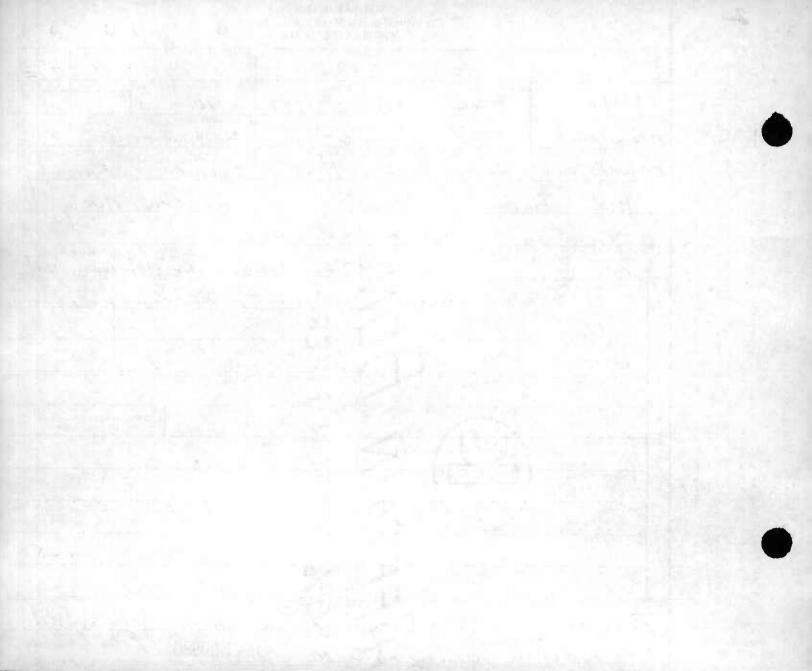
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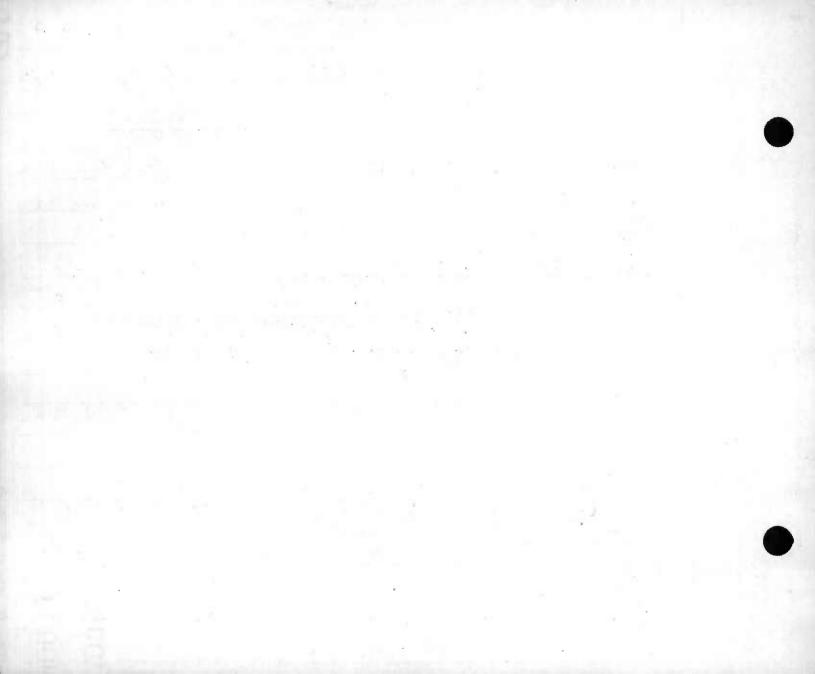
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DIVISION OF VITAL RECORDS,	하 하 하	CERTIFICATION					
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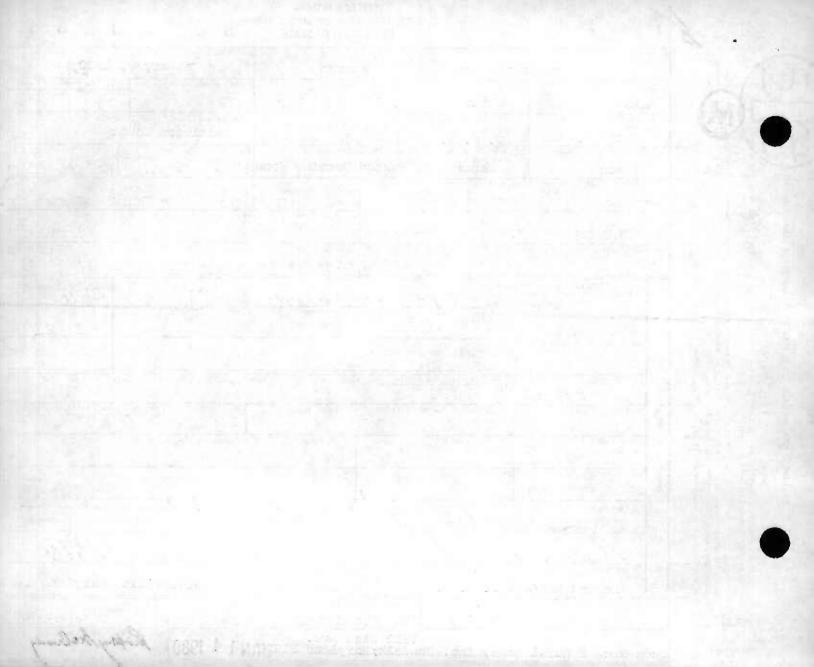
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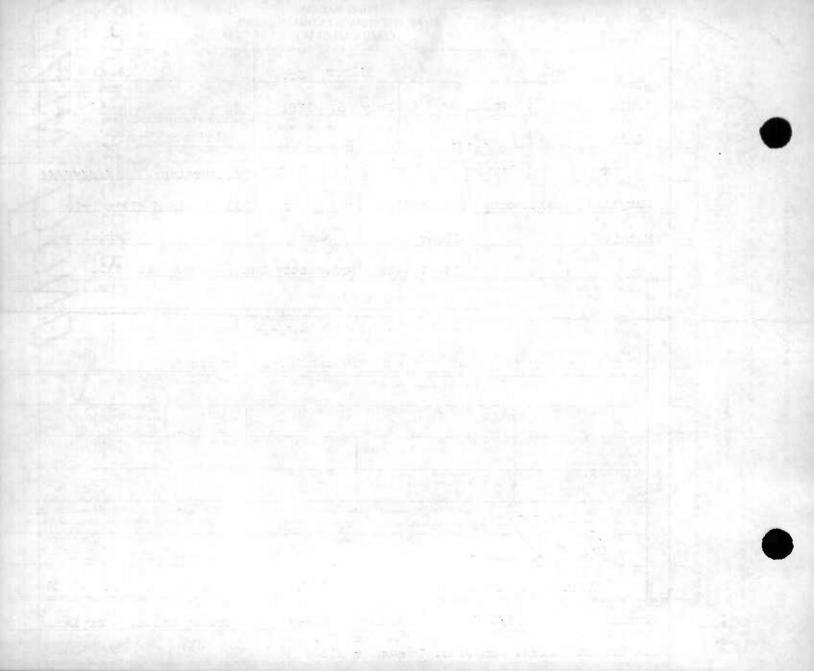
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME 2h HOUR (TYPE OR PRINT) 9, 1980 January Frederick Berran A RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS 3. SEX MONTH White 1900 Male BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore County Pennsylvania WIDOWED X NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Manor Care Ruxton Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Water Dept. Balto. City Towson 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Dundalk 7520 New Battle Grove Cr. Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elizabeth Kimmel Anthony J. Berran M. 166 SOCIAL SECURITY NOTA Coal Street 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 220-09-4275 Cleatus Berran - Trevorton, PA 17881 No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS LISED à IN CERTIFYING CAUSES OF DEATH? NO [Mental Hygi 21g ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 0 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220. | certify that (12 (this hospital) attended the deceased from sow the deceased alive on and that in (my) the point of a point of the date and hour and from the causes stated DEGREE 77h SIGNATURE MEDICAL ATTENDING should be detained with the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 1205 York Road, Lutherville, Maryland 21093 Richard Maffezzoli M. D. 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Burial 1/12/80 St. Stanislaus Baltimore Maryland 24 FUNERAL DIRECTOR ADDRESS 7922 Wise Ave. DHMH - 16 50M 1/76 Duda-Ruck Funeral Home, Inc. Dundalk; Maryland 21222AN (VR A 15 (4))



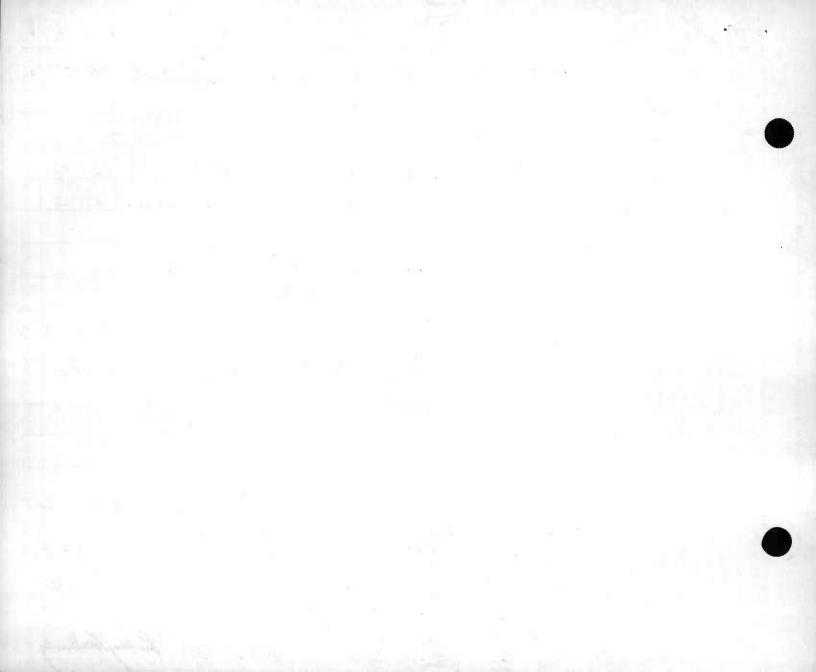
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2g. DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) Bilger Pau1 4:10P 24 80 3. SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS Male White July 1891 88 To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ohio Baltimore County U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR Greater Baltimore Medical Center INDUSTRRestaurant (TYPE OF WORK FOR MOST OF WORKING LIFE) Towson Restaurateur RASYAVANY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 13h COUNTY 13. STREET ADDRESS 13d INSIDE CITY LIMITS? DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND Maryland Baltimore Lutherville 111 Shetland Hills Drive YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Keidel Mathias Bilger Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) #13e 214-01-6422 Mrs. Betty Guth, same as No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiac tamponade IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Ruptured myocardial infarct Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying Arteriosclerotic cardiovascular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? burial-transit per Mental Hygiene YES [X YES X NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE Jan. 80 Jan. 80 220.1 certify that (1) (this hospital) attended the deceased from_ 80 llan. low the deceased alive or , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove ([[we] (did) (did) tw the body after death 22b. 5HGbrA3Kaft 22c. DATE SIGNED DEGREE should be detach with the State De ATTENDING MEDICAL 1 - 25 - 80DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Charles C. Brown, M.D. 6701 N. Charles St. Towson, Md. 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY Burial 1/28/80 Dulaney Valley Cockeysville, Maryland ADDRESS 1050 York Rd. 24 FUNERAL DIRECTOR D_BY REGISTRAR 25b. POSISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) Ruck Towson Funeral Home, Inc. Towson, Md 21204



metri Lea dinicitate of File 3 1980 BALFO COLLETE MIR VSR ESSEX BONNERS NOTE NOTES BETWEETER mp. Bayo Essex The Figer place due CHARLES IN WELLO ELIZHBERH IN CPHERED CHE WILLIAM ELIMINEE PERTE 1355 Layou V Maranton THE REPORT IS ASSUMED BY WASHINGTON ON 6 1814 15/80 PAK 1911 H - BA 1 1900 Livery of Lung :

BALTO., MD 21215

6010 REISTERSTOWN RD.



completely filled in by the funeral di

injury, ar other traumatic event, the medical

should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Depti, of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If them 21 is marked ar Item 18 shows any

executed within 24 hours ofter

requires that the death certificate be

ITENDING PHYSICIAN: The low

by the hospitol TO FUNERAL DIRECTOR

TO HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OF	REG. P	NO.	DAY	YEAR		2b. HOUR	
8	0		0	0	2	7	

	1-	FOR STATE REGISTRAR	DEPA		IEALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 0	0 0 :	2 / 2
		CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH MONTH	OAY YEAR	2b. HOUR
	(ITPE	HELI	EN		BLUMBERG	JAN. 3. 19	80	11 A. M
	3 SEX		4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	
		FEMALE	WHITE		LY 3. 1910	69	MONTHS DAYS	HOURS
-		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	BALTIMORE CITY OR COL		-
3		MARYLAND	USA	WIDOWE		BALTIMORE	COUNTY	MD.
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND	OF BUSINESS OR
1		RANDALLSTOWN	BALTIMORE CO		N. HOSP.	MERCHANT	RETA	
	USUA 13a S		OR OTHER INSTITUTION, GIVE RESIDENCE BI	EFORE ADMISSION)	1134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
Ś		100 000	LTO. RANDALL		YES KIK NO	3705 BROWNB	ROOK CT.	#21133
Ī	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM			
2		MEYER	GARFIE	LD	HATTIE	MIDDLE	LEIMOIN	NT Z
	16a W	VAS DECEASED EVER IN U.S. A			17 INFORMANT RAB	BI CHAIMADELEGMB		
	('	NO NO		6-8502	3823 MENLO			21215
		PART I. DEATH WAS CAUS	only one couse per line for (a), (b) SED BY ATE CAUSE (a)		udeal infa	retion	BETWEEN ALL	NIMATE INTERVAL NONSET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A CONSE	QUENCE OF	Specteusicos	Cardio Masc.	litea, ye	ears
		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF	/			
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 1	(0)
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED		IF YES, WERE FIND CERTIFYING CAUSE YES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	count	STATE
		sow the deceased alive a	pital) attended the deceased from 2-18 1		nd that is (my) (our) opinion	death accurred on the date on		
		Dernara	1 Burgin	The D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/	4/79
		DR. BERNAR	D BURGIN		3809 ^{ss} CLARKS	S LA. BALTO)., MD	21215
	23a. B	BURIAL, CREMATION, REMOVA	JAN. 4,1980	RODFE Z	EMETERY OR CREMATORY ZEDEK (MIKRO KO	DESH TO BALTIMOR	SE COUNTY M	ARYL AN D

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR

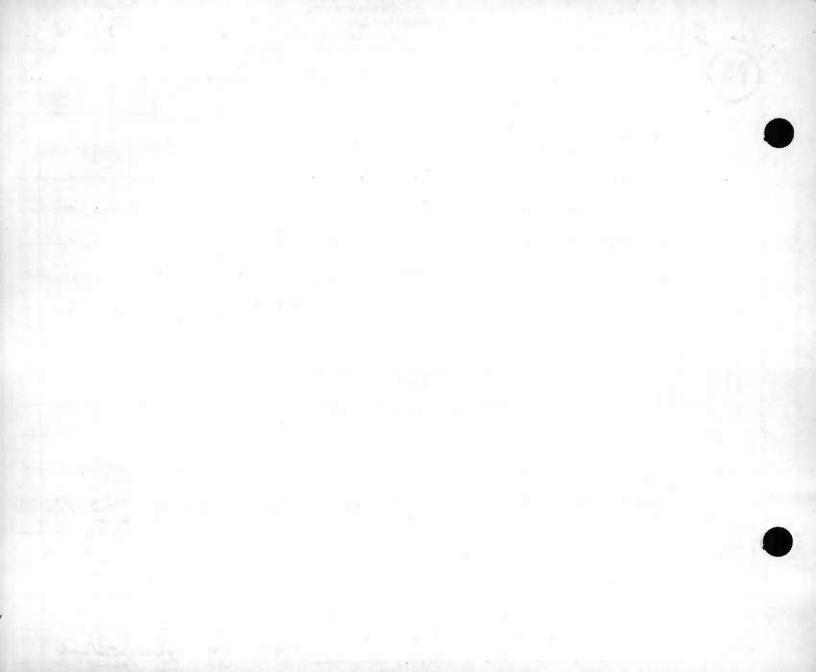
FOR

SOL. 6010 REISTERSTOWN RD

BALTO

JAN

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



X		1		STATE OF MARYLAND	
		1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH 8 OR REG. NO.	02/3
A			CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH D.	AY YEAR 2b. HOUR
be 3 eoth		(1170	FRON	K CHARLES BOBART SR. JAN. 12. 6	980 M
(3)		3. SE		The state of built	IF UNDER 1 YEAR IF UNDER 24 HRS
_ (: NA)			M	W 3/1/03 76 YRS	UNINS DATS HOURS MIN.
Ansale .	ee.		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	
deort dent	o to		MD.	VS/A WIDOWED DIVORCED BALTO.	COUNTY MD.
offer the f	Potified	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
- 0	8/	11511	ESSEX	DROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	M.T.A.
D 21 4 ho led in	d Sust	13a. S	TATE 13b. COL	INTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS	0.
LAN hin 2 shou	e e	14. F	MD B	ACTO. ESSEX YES NO BY 125 RIVERS	IDE NO
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill	W 2		FIRST	BOBART ELIZABETH ELEOMA	LAST
	8/	16a. \	VAS DECEASED EVER IN U.S. A		
BALTIMORE,	medic /	((IF YES, GI	VEWARORDATES) 213100221 MYRTLE BUBART	ABSVE
te be	. e			only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	movol		PART I. DEATH WAS CAUS	ATE CAUSE 10) Metastatic Colon Cancer	
PRESTON ST., he death certifi he ottending phemove corbonp	ar re		1539	DUE TO, OR AS A CONSEQUENCE OF	
ESTON deoth ottendi	fraumo		Conditions, if ony, which	(b)	
the o	er fra		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
	al, cr or ath		underlying couse last.	(c)	
s, 20 ires gned nn ple	bur.	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
or o	or ta	CERTIFICATION			MEDI EN ID NICE AND A
law law	0 0	FICA	190 DATE OF OPERATION	IN CERTIF)	, WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN. The low requires the ordending physicion. Wher this certificate has been signed to the burial stransit permit. Then plea os the burial stransit permit.	Shows	ER	210. ACCIDENT WAS UNDERLYING	YES NO YES NO YES YES NO YES N	
IAN: phys phys	n 18 sh		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR	KI I ORPAKI 2]
YSICI ling p	Mentol or Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	R) P.M. 19 21e. PLACE OF INJURY 21f. LOCATION	
7SIC PH Prend Prend The b	ed or	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
DING or off	mork		AT WORK — AT WORK	pital) attended the deceased from 100 19 19 to Jan 1	19 80, that (i) (we) lost
	He He		sow the deceased alive	Tam . 19 80 and that in/mil (our) opinion death occurred on the date and hour	
	em 2		22b. SIGNATURE	view the body after death DEGREE	22c. DATE SIGNED
	i f	2	11)ruma	J. Brann M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	12 JAN 1980
HOSPITAL ned by th	AN AN		224. PHYSICIAN'S NAME (TYPE	OR PRINT) 22e. ADDRESS	4
HOS FUN FUN	with the State		Warne	5. Barry 2112 Dundalk Ave, Bal	t. Md 21222
5 of 5 of 8	₹		BURIAL, CREMATION, REMOVA	1 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	COUNTY STATE
501BP			SPECIFY) BURIAL	- 1/15/80 OAK LAWN BALTO.	MD
DHMH - 16 50M	7/77	24 F	UNERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
(VR A 15 (4)))	1		1/5/18 300 MACE 1001 7 1000	Day Millerail

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Walter Brooks Bradley Inc. Balto., Md.

(VRA 15, 4) 7/78

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	1-	FOR STATE	DEPART		EALTH AND MENTAL HYG	IENE 8 0	0	0 2	7 3
		REGISTRAR CEASED NAME FIRST OR PRINT) (harles (ollis Bolina	LA		20. DATE OF DEATH	O. MONTH DAY	YEAR	* SA
1)	3 SEX	Male	4 RACE White	S. DATE O	F BIRTH -31-31	6 AGE (IN YEARS LAST BIRT	HDAY) IF U		IF UNDER 24 H
54		RIHPLACE ISTATE OR FOREIGN SUNTRY) Kentucky	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DO DIVORCED	Baltimore City o		DEATH	
00	10 CI	Baltimore	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET 6012 Manning	T ADDRESS)	Marie Control of the Control	120 USUAL OCCUPATION OF WORK FOR MOST O	ON F WORKING LIFE)	12h KIND OF INDUSTRY	Citu
35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR 136 COUN Balto	OTHER INSTITUTION, GIVE RESIDENCE BEFOR ITY I3, CITY OR TOV	WN 1	134. INSIDE CITY LIMITS? YES NO 2	130. STREET ADDRESS 6012 Mann	inoton	Pol Ave.	ice
20	14 FA	ther's name (harles Mil	ner Boling LAST		15. MOTHER'S MAIDEN NAME FIRST LUCY P	owers MIDDLE		LAST	
1			wed forces? 166 social sections onea 406-32-9	9884	Mrs. Angela	Azzolini Bo	iss Lino –6	OI2 No	nning ATE INTERVALI USET AND DEA
	NOI	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU (b) CUNCLES DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO	JENCE OF		INAL DISEASE OR CON			det.
	4			LODEDATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	EDE EILID IL	
2	TIFIC	196 DATE OF OPERATION	1% CONDITION FOR WHICH	H OPERATION		YES NO		G CAUSES	
2	CAL CERTIFICATION	196 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 11F ETHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	IN CERTIFYIN	G CAUSES C	F DEATH?
29	MEDICAL CERTIFIC	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR 19 , FARM, ETC.)	21c. HOW INJURY OCCURS 211 LOCATION STREET	YES NO	IN CERTIFYIN YES [RY IN ITEM 18, PART	G CAUSES C	F DEATH?
29	-	210 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA LIFETHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, al) ottended the deceosed from	DAY YEAR 19 , FARM, ETC.)	21c. HOW INJURY OCCURP	YES NO NO CITY OR TOWN CITY OR TOWN death occurred on the death occurred occurred on the death occurred	IN CERTIFYIN YES LY IN ITEM 18, PART VN 19, 21e ond hour or	OUNTY	STATE
29	-	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA 11F ETITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospit saw the deceosed alive on obove, (1) (was) (did)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, all) offended the deceosed from (1) view the bady after death.	DAY YEAR 19 , FARM, ETC.)	216. HOW INJURY OCCURP 211 LOCATION STREET 19 d that in (my) (my) apinion DEGREE ATTENDING PHYSICIAN	VES NO NO NEED (ENTER NATURE OF INJUIT OR TOVE NATURE OF INJUIT OR TOVE NATURE OF INJUIT OR TOWN	IN CERTIFYIN YES LY IN ITEM 18, PART VN 19, 21e ond hour or	COUNTY COUNTY And from the county	STATE

ed to edd to be and ~ \\~\. M. V. V. V. Switch 120 3 6 10 attions of waring for warm-21 ting 223.0 in also, indicione a ill angincion va. Geries winer o in the second of the second lones 10:-2-7 i as. well official coline - 42 consisten Steel Same Same Stories All Stories of the Stories Jake C HYPE , S. D. WEST BERMY KOND 1-17-19 amous of faith allow the same one of their server of which is no

		ran.		E OF MARYLAND	WALEL IE	
	1-	FOR STATE		EALTH AND MENTAL H	EDEASU D	10076
		REGISTRAR FIRST	MEDICAL EXAMINI	ER'S CERTIFICATE O	KEG, NO	
		E OR PRINT)	MIDDLE	CAST DA A LA	OF ESTI-	MONTH DAY YEAR 25. HOUR
72 HOURS		WILLIAM	BUJ	BOWMAN	DEATH MATED	7/18 1980 AM
2	3. SEX	MOI	TE OF BIRTH SEAR LAST BIRTHDAY		24 HRS. 2c. DATE MIN. PRONOUNCED	MOHIN DAY YEAR 26 HOUR
	3.73	MW	7 18 61 YRS	Mental Batto Modes	DEAD	1/18/ 1980 7 M
20	7a. BII	RTHPLACE (STATE OR 7b. C	ITIZEN OF WHAT COUNTRY?	8. MARRIED DEVER MARRIE	9. BALTIMORE CITY OF	COUNTY OF DEATH
5		MO	U.S.A.	WIDOWED DIVORCE	- 001	TIMORE MD.
	10. CI	TY OR TOWN OF DEATH	AME OF HOSPITAL, NURSING HOME, NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	126. USUAL OCCUPATION TYPE	
00		DUNDALK 186	NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	y HOSE	VERNON PA	YNE CONST.
		L RESIDENCE (IF IN NURSING HOME OR OTHE	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	N)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	13a. S	MA 136. COUNTY	TO PYNOAL	YES NO THE	13e. STREET ADDRESS	ITT BLVO
-	14. FA	THER'S NAME	-10 10 -110	15 MOTHER'S MAIDE	NAME	
2/1		FIRST CO 11 1 T	namana	FIRST	MIDDLE A	LAST
1	16a W	AS DECEASED EVER IN U.S. ARMED F	ORCES? 166 SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS	BLVD
1	(YE	S, NO, OR UNKNOWN) (IF YES, GIVE WAR OR		US A POTT	00 0	
		100	3/17-01-51	174 DUELE	Bourn	AN 1849 MERRITT
	170	18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	cause per line far (a), (b), and (c).)	W all	001	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	-	IMMEDIATE CAL		Myolarda	ax xh/exci	wh
O		410-	DUE TO, OR AS A CONSEQUENCE O	F	101	0
		Canditions, if any, which gave rise to immediate	(b) alsone	arterional	eroucon	Cule.
6		couse (o) stating the <u>under-</u> lying cause lost.	DUE TO, OR AS A CONSEQUENCE O	F	dis	CJ-14
	100	1) mg easte 1831.	(c)			
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PAR	T 1 (a).	
	O					
2	CAI	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY?
1	TIE					YES NO
2	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
and I	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				
	EDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	X	AT WORK AT WORK	STREET, FACTORT, FARM, ETC.)	STREET	CITTOKTOWN	COUNIT
					A, Inquiry A, and	
		NUMBER OF STREET	e remains described abave, held an	Autopsy , Inspection		l in my apinian
	1.50	death resulted from Natural cau	Accident L. Suic	ide 🔲, Homicide 📖	Undetermined manner,	1 /
		ACTUAL LONG	1/20	TITLE (SPECIFY)		DATE 1/18/80
		SIGNATURE ALL	- Vien	M.D. 10-C-	MEDICAL EXAMINER	SIGNED
5	-	EXAMINER'S NAME &	A H1111111	A Varia	2.001	1.0 1/21222
		(TYPE OR PRINT)	111-0W17-17	ADDRESS A	June all	NU Ball 21272
H	23 a. Bl	JRIAL, CREMATION, REMOVAL 236. DA	TE 23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
П		BURIAL 1	131179 WAR	LHWN	DITLIO	M.
	24. FU	JNERAL DIRECTOR	ADDRESS	250, DATE R	2. 4 1980	TRAR'S CONTOURE
	(ONNELLY F.H	+. 300 MACE	AVE JAN	2 4 1300 ·	/ /

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2h. HOUR (TYPE OR PRINT) Ε. Fixa BRADSHAW January 30 1980 4.10 am 3. SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 MP MONTH DAYS HOURS FEMALE WHITE FEB. 12, 1910 69 To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARYI.AND USA WIDOWED DIVORCED | Baltimore County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR 12n. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ROSSVILLE FRANKLIN SQUARE HOSPITAL FOOD COOK USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b COUNTY 13c CITY OR TOWN 13a. STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? BALTIMORE MD. BALTIMORE 1101 OVERBROOK RD. NO A 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST SHELLY CORKRAN NELLIE SELLERS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-09-5115 ROBERT V. PUMPHREY 1101 OVERBROOK RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY Cardio-Respiratory Arrest IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Breast Carcinoma Metastatic gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION ō 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a. AUTOPSY? ã IN CERTIFYING CAUSES OF DEATH? Hygiene shows NOTO YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH Mental Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P AA 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION Ö AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (this hospital) attended the deceased from January 15 80 to January 30 80 January 30 sow the deceased wive on_ _19 _____80_, and that in 📠 (our) opinion death occurred on the date and hour and from the causes stated ō 22b. SAGNATURE DEGREE 22r. DATE SIGNED should be detach with the State De -ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS 22d. PHYSICIAN'S NAME TYPE OR PRINT

DHMH - 16 50M 7/77 (VRA 15(4))

NAME

BURIAL 24. FUNERAL DIRECTOR

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

MARYLAND NATL MEM

231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN LAUREL

COUNTY

ADDRESS MITCHELL-WIEDEFELD HOME 6500 YORK RD.

236. DATE

MD. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

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4	1				E OF MARYLAND			3
		FOR STATE REGISTRAR		CERTII	EALTH AND MENTAL HY	REG. NO.	0 0 2	19
m -£		DECEASED NAME FIRST TYPE OR PRINT)	WIDDLE		LAST	20. DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
	L	MARI!				01/11/80		4:25B
	3.	Female	4. RACE White	S. DATE O	0 P BIRTH DAY 1904 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS YRS.	HOURS MIN
Sonce.	70	BIRTHPLACE STATE OR FOREIGN COUNTRY! Maryland	76 CITIZEN OF WHAT COU	INTRY? 8	D NEVER MARRIED	Baltimore CITY OR CO	UNTY OF DEATH	MD
Giffied o	8 10	Towson	11. NAME OF HOSPITAL, I	NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Bookkeeper	INDUSTRY	OF BUSINESS OR
The same	U T	SUAL RESIDENCE (IF NURSING HOM IN STATE Maryland	OUNTY 13c CITY O	CE BEFORE ADMISSION OR TOWN LIMORE	13d INSIDE CITY LIMITS?	3218 Woodhom	Balt., Md me Ave.	. 21234
Examiner	24	FATHER'S NAME FIRST	MIDDLE Gebh	ardt	15. MOTHER'S MAIDEN NA	MIDDLE	LAS	51
medicol		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	COUT MAD OR DATES	03-0397	James C. Bra		Balt., Mo home Ave.	d. 21234
rmit. Then please remove prior to burial, cremotion ony injury, or other froun	TAGE.		DUE TO, OR AS A CON (c) IT CONDITIONS CONTRIBUTION 19b. CONDITION FOR	NG TO DEATH BU			ON GIVEN IN PART 1(
No.	2	190. DATE OF OPERATION	Typ. CONDITION FOR	WHICH OPERATIO	JIN WAS PERFORMED		CERTIFYING CAUSES YES	
or frem 18 sh		OR CONTRIBUTION CAUSE OF	DEATH HOUR A.M. MONT	TH DAY YEAR	21t. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	
rked or	Total Carrie	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is mo		sow the deceased alive	on a tended the deceosed	1920	nd that in (my) (our) opinion	deoth occurred on the date of		thot_(1)_(we) lost couses stated
IT: If hem		22b. SIGNATURE	guns (TV	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DHRECTOR DHYSICIAN	22c. DATE	11-80
IMPORTANT		TAUSTO	APUIL	SO JR	27. ADDRESS	HARFOR	DROA	D.
≥ ***	2:	BURIAL, CREMATION, REMOVE Burial	Jan 15 1980		ity Cemetery	23d LOCATION CITY OR TOWN Baltimo	county re Marv	state
1/76	24	Leonard J. R	uck Tre Pol	ress +imore		TE REC'D. BY REGISTRAR 256. F	Cifry Signat	Creedy

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E. Johnson 8521 Loch Raven

DIVISION OF VITAL RECORDS,

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13/12

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Warys Josephine Brashears Mary SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE STBIRTHDAY PRONOUNCED June 1.1907 DEAD Female White 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Treland Baltimore County. U.S.A. WIDOWED IX DIVORCED ID. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION HYPE OF WORK 126. KIND OF BUSINESS 1 Dartmouth Ave. Parkville Assix. Buyer AssistHutzler USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ME COUNTY TITAL INSIDE CITY LIMITS? 6305 Eunice Ave. Maryland Baltimore YES X 14 FATHER'S NAME 13. MOTHER'S MAIDEN NAME MEDDLE MEDDIE Mullroney Patrick Cawley Mary IM SOCIAL SECURITY NO. 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS. 218-14-5634 Mrs. Katherine DeBaugh 1311 Dartmouth Ave. CAUSE OF DEATH (Enter only one course per line for (a) (b); and (c) BETWEEN CHILET AND DEATH PART I DEATH WAS CAUSED BY Conditions, If any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 Inc. 19s DATE OF OPERATION IN CONDITION FOR WHICH OPERATION WAS PERFORMED? 76. AUTOPSYT TO BURIAL NO X 21st EXTERNAL CAUSE WAS 116. TIME OF INJURY 21c. HOW INJURY OCCURRED LEHITS HATUSE OF HUUST IN JUN 18 PART 1 OF PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING ONTRIBUTING | CAUSE OF DEATH THE PLACE OF INJURY (ATHOME III. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE AT WORK AT WORK Inspection 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Notural causes Suicide Undetermined monner TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME Charles F. O'Donnell, M.D. 7501 York Road Towson, Md. 21204 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Jan. 5, 1980 Baltimore, Maryland Burial Parkwood 25a, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** 5305 Harford Road (VR A15 ME (5)) Leonard J. Ruck Funeral Home, INC. Balto., Md. 15M 7/77

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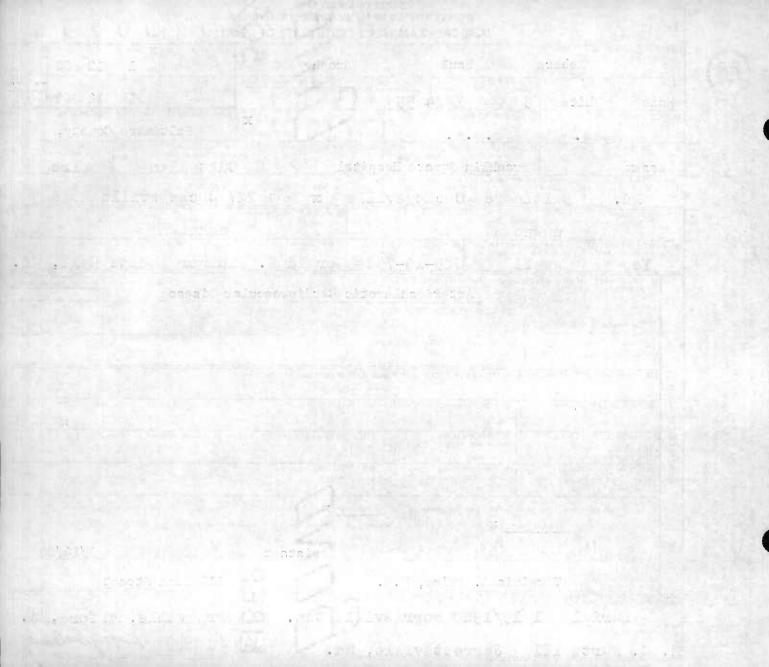
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(TYPE OR PRINT)	ME FIRST		MIDDLE Edward	Brockman	26. DATE KNOWN XXMONTH OF ESTI- DEATH MATED 1	10 1980 Zb. HOUR
3. SEX male	4. RACE	April 1	6. AGE (IN YEARS	IF UNDER TYR. IF UNDE	R 24 HRS. 2t. DATE MONTH	DAY YEAR 24 HOUR 1:30
BIRTHPLACE FOREIGN COUNTI	(STATE OR 7	VB. CITIZEN OF WHA	AT COUNTRY? 8.	MARRIED NEVER MARI	Politimore Cour	TY OF DEATH
10. CITY OR TOW Edgeme	N OF DEATH	ILINAME OF HOSP	ITAL, NURSING HOME, C LITY, GIVE STREET ADDRESS) ONICOLANE	DR OTHER INSTITUTION	176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Mechanic	126 KIND OF BUSINESS OR INDUSTRY Auto
USUAL RESIDEN 130 STATE Maryla		OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION 13. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES X NO	1 700/0	ve. 21206
4. FATHER'S NA Vern		MIDDLE	Brockman	15. MOTHER'S MAID FIRST Franc	es — Merryman	un known
	SED EVER IN U.S. ARME		213-38-63		ADDRESS Same ores Brockman(ste	
IB CAUSI PART I	OF DEATH (Enter only DEATH WAS CAUSED I IMMEDIATE	BY: Ar:	or(o),(b),ond(c).) teriosclerot	cic cardiovas	cular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Cond	tions, if any, which	DUE TO, OR A	S A CONSEQUENCE OF			
couse	(o) stoting the <u>under</u> - couse lost.		S A CONSEQUENCE OF		en en	
	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO OEATN BU	IT NOT RELAYED TO THE TERMINA	LOISEASE OR CONDITION GIVEN IN P	ART 1 (a).	
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CONTRIBU		21e. PLACE OF	(NIDARY)	21f. LOCATION		
CONTRIB	Y OCCURRED NOT WHILE AT WORK		RY, FARM, ETC.)	STREET	CITY OR TOWN CO	UNTY STATE
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27s. I c deoth res	NOT WHILE CAT WORK	of the remains descr	ribed above, held an	Autopsy XX Inspecti	on , Inquiry , ond in my op Undetermined monner ,	1 /11 /80
22s. I co	NOT WHILE AT WORK	of the remains described to the remains descri	ribed abave, held an	Autopsy XX Inspective	on , Inquiry , ond in my op Undetermined monner ,	1/11/80
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			ass.	U.S.A.	WIDO				County,	MD.
7	10. C	TY OR TOWN	OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GN	E STREET ADDRESS)		12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE	TYPE OF WORK	12b. KIND OF BU OR INDUSTI	RY
L		Essex		Franklin Sq		al	Custodi	an	Wire	
ø		AL RESIDENCE :	(IF IN NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDEN	ITY OR TOWN		13e. STREET ADDRESS			
Ì		Md.	Bal	timore Co	ckeysvill		·	ysvill	Le Road	
	14. F.	ATHER'S NAME FIRST		WIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
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	16a. \	ES, NO, OR UNKNO	DEVER IN U.S. AR	E WAR OR DATES)	OCIAL SECURITY NO.	17. INFORMANT		RESS		
	- 1	Yes	WW	/ II	9-16-7484	Gerald W	. Plummer	White		Md.
			F DEATH (Enter or ATH WAS CAUSE	nly one cause per line far (a),					APPROXIMATE BETWEEN ONSE	T AND DEATH
		111		ATE CAUSE (o) ATLE		c Cardiovas	cular Diseas	e		
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		lying cau	stating the <u>under</u>	DUE TO, OR AS A CO	ONSEQUENCE OF					
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	7	PART 2 DTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PAI	RT 1 (a).			
	1 5	19a, DATE OF	OREDATION	Liai CONDITION FO	OR WHICH OPERATION	WAS BEREORASED?			2D. AUTOPSY	2
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	CERTIFICATION	21g EXTERNA	L CAUSE WAS	21b. TIME OF INJURY	Y [21c]	HOW IN JURY OCCUPE	D LENTER NATURE OF INJURY IN 11	EM 18 PART 1 OR PA	YES K	NO 🗌
1		UNDERLYING	OR	HOUR A.M. MON	TH DAY YEAR		S James County of Brook Hall		-,	
-	MEDICAL	214 INTUDY C	NG CAUSE OF	DEATH P.M.	RY (ATHOME 21f. L	OCATION				
	ME	WHILE		STREET, FACTORY, FARA		STREET	CITY OR TOWN	co	YTAUC	STATE
		AT WORK	AT WORK							
		22a. I certif	fy that I took chor	ge af the remains described o	bove, held an Auto	ipsy X, Inspectia	n, Inquiry,	and in my a	pinion	
	1	death result	ed fram: Natu	ural causes X, Accide	nt 🔲, Suicide L	, Homicide	Undetermined manner			
	-	ACTUAL	11.	. PAI.	211	TITLE (SPECIFY)		DATE	1 111 10	20
		SIGNATURE	Migne	a dolan)	11)	M.D. Assistant	MEDICAL EXAMINER	DATE	ED_1/14/8	30
		EXAMINER'S		rginia L. Dol	an M D		111 Pen	n Stree	.+	
-		TYPE OR PRI	NT) V I			_ADDRESS		n priee		
	-			73h DATE 23	C. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION			TATE
	23 a. E	SPECIFY)	TION, REMOVAL		Manni and	Ja Mam	CITY OR TOWN		INTY ST	T/I A
	(SPECIFY)	rial		Norrisvil		Norrisvi		arford,	Md.



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ter death	1 DE	OR PRINT)	RST	MIDDLE		AST			DAY YEAR	26. HO	
			BERT	Ρ.		DWER	<u> </u>		2 80		
	3 SE		4 RACE		5 DATE C	MAY 45.40	6 AGE (IN YEARS LAST BIRTH		MONTHS DAYS	HOURS	R 24 HRS
-		lale	Whi			22, 1895	84	YRS			
13		RTHPLACE (STATE OR FOREIC OUNTRY) Pennsylvania		OF WHAT COUNTY	MARRIEI WIDOWE	NEVER MARRIED	TOWSON			ount	V. MD
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must be	13a Mar	yland	HOME OR OTHER INSTITU COUNTY Baltimor	13c CITY OR	TOWN	13d INSIDE CITY LIMITS? YES NO 🛣	305 E. Jo	ppa R	oad.		
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medicol		VAS DECEASED EVER IN L	J.S. ARMED FORC	(2)	SECURITY NO.	17 INFORMANT	ADDRE	SS			
event, the med	L'	No		338-0	9-5721	Mrs. Charle	otte Emerson	537	Alleg	heny	Ave.
18 shows any injury, or other traumatic	CERTIFICATION	PART 2 OTHER SIGNIFIC	ote the ast. DUE TO CONGEST	IVE HEA	STO DEATH BUT	NOT RELATED TO THE TERM LURE TO MIT N WAS PERFORMED		20b. IF YES	EN IN PART 1	INGS USI	ATH?
ental Hygiene Item 18 shaws		21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOU	ME OF INJURY R.A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, P	ART I OR PART 2)		
marked or It	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PL	ACE OF INJURY ME, STREET, FACTORY, O		211 LOCATION STREET	CITY OF TOW	N	COUNTY	:	STATE
of Health		22a I certify that (1) (the saw the deceased o above, (1) (we) (did)			19 <mark>80 . on</mark>	2/16 , 19 79 d that in (my) (our) opinion	death occurred on the do	1 / 02 te and hour	r and from the		(we) lost tated
TANT: If Her		226. SIGNATURE MANUA 226. PHYSICIAN NAME	1. Fores	man	m	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		22c DATE	SIGNED	>
With the State D		DR. MAR	ILYN G.	FOREMA	ANN	GREATER BA	LTIMORE ME	DICA	L CEN	ITER	
, 5	23a.	BURIAL, CREMATION, REA SPECIFY) Burial	1-5-			emetery or crematory t Hill Cemete	23d. LOCATION CITY OF TOWN TOWS ON	Ва	county 1timor		TATE
-16 20M 5, 4) 7/7B		uneral director	neral Ho	ome, Inc.	55 Towson,	rk Road Md.21204	REC'D. BY REGISTRAR	Sb. REGIST	RAR'S SICHA	TURE	4

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2-4-1980

Dulaney Valley

FEB

ADD 1050 York Road

Towson, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH January 31, 1980 10:15PM & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County

126 KIND OF BUSINESS OR

Candy Co.

Buckles

COUNTY

Cockeysville

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

21731780

STATE

STATE

Maryland

INDUSTRY

DHMH - 16 50M 1/76 (VR A 15 (4))

Burial

Ruck Towson Funeral Home.

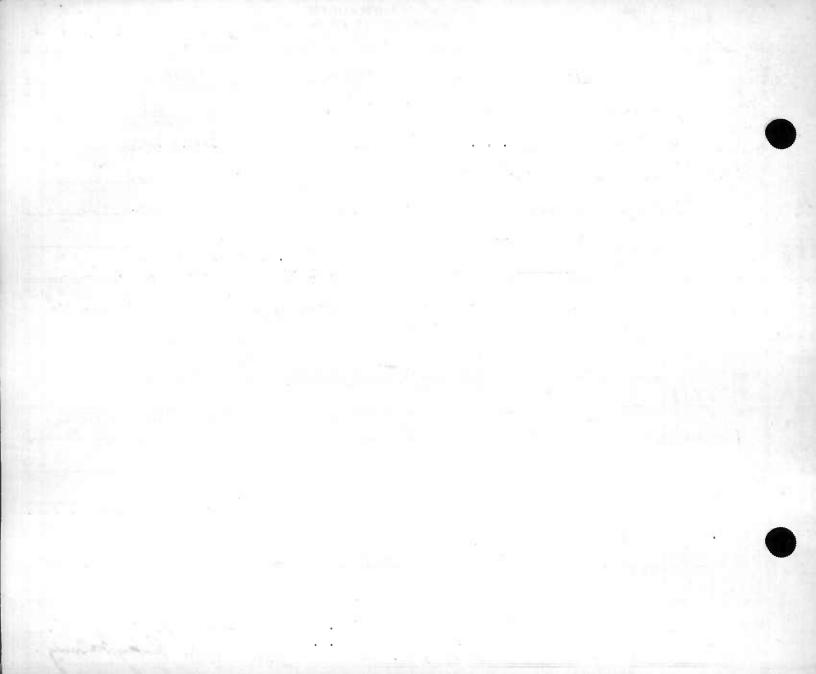
24. FUNERAL DIRECTOR

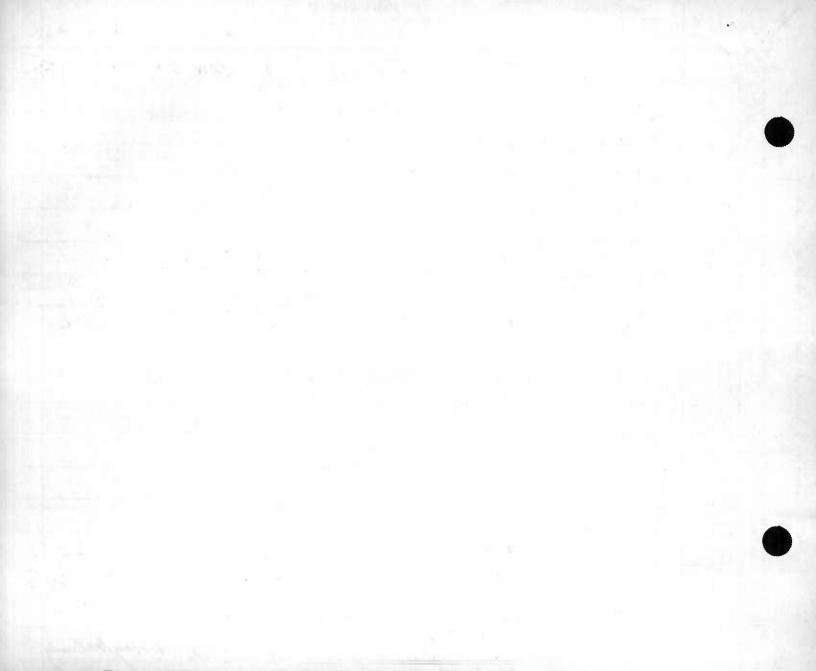
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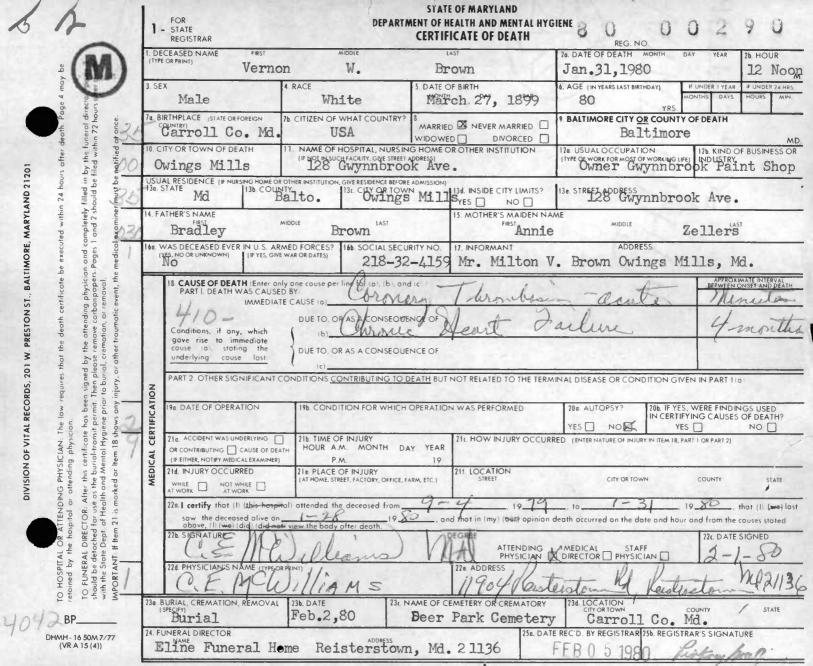
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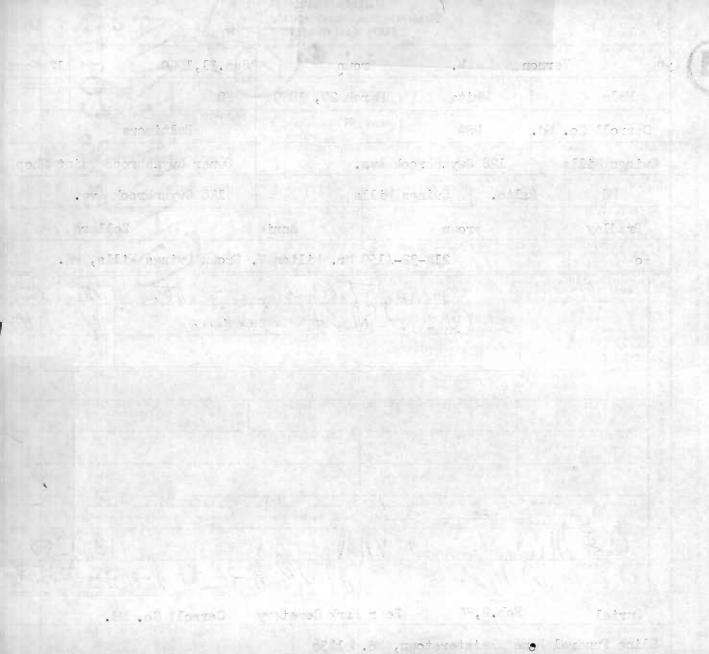
REGISTRAR

DECEASED NAME









61					E OF MARYLAND		
9	1-	FOR STATE REGISTRAR		CERTII	FICATE OF DEATH	REG. N	
		EASED NAME FIRST	MIDDLE	1 K 1 S	LAST	2ª DATE OF DEATH	MONTH DAY YEAR 26 HOU
		RIDA	FRANCE	S B	RYANT		01 20 80 / 7
0.00	3 SEX		4 RACE	S DATE (OF BIRTH H DAY YEAR	6. AGE IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 1 MONTHS DAYS HOURS
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at o		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?	D NEVERMARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
P37/	-	ARYLAND	U.S.A.	WIDOW		BALTIMOR	E COUNTY
not	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12m. USUAL OCCUPAT	
00	FF	ANKLINTOWN	5207 MUT			SHIRT PRES	
Ē	USU/	L RESIDENCE (IF NURSING HOME OF TATE 136 COUL		NCE BEFORE ADMISSION	1134. INSIDE CITY LIMITS	? 13e STREET ADDRESS	
36				NKLIN-	YES NO W		AVENUE, 21207
	14 FA	THER'S NAME		TOWN	15. MOTHER'S MAIDEN	N AME MIDDLE	LAST
12/		WILLIAM B		OOLE	ANTODE		SPAHN
130	160 V	AS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17 INFORMANT	ADDR	ESS GLEN BURNIE, MI
e /	(4	ES, NO OR UNKNOWN) (IF YES, GN	E WAR OR DATES)	-14-0432	LEONARD H.		ECOND AVENUE, NOR
event,		18 CAUSE OF DEATH (Enter of					APPROXIMATE INTER
9		PART I. DEATH WAS CAUSE	D BY.	Carl	une no		Deele
traumat		IMMEDIA	TE CAUSE (a)				
		Conditions if your which	DUE TO, OR AS A CO	CHISEOUPINCE OF	alial:	Carde 110	so or left
other		Canditians, if any, which gave rise to immediate	(6)		22000		
0 TO		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF			
jury.		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BU	I NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
any in	Z	melosto	- None	he	Break	- 19	74
vs ar	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USER
of 2						YES T NOT	IN CERTIFYING CAUSES OF DEAT
	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			URRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OR PART 2)
Item		OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR			
Ö	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR	Y	211 LOCATION	CITY OR TO	IWN COUNTY ST
тагке	¥	WHILE NOT WHILE AT WORK	I AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	AND COOKIT SI
E .		220 I certify that (I) (this hosp	utali attended the decease	ed Irom	15 19	14 10 1/20	2 19 80 , that (I) t
121	1	saw the deceased alive or abave, (1) (we) (did) (did no	1 / 1 1 /		and that in (my) (aur) apin	ian death occurred an the c	date and haur and from the causes st
If Item		22b. SIGNATURE	of) view the body after dea	ith.	DEGREE		22c. DATE SIGNED
=		A 12 x 1	Illen 1	h-	ATTENDING	MEDICAL STA	
_		224 PHYSICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS	A IN DIRECTOR FILLS	CALL TO ALL
NA	1		The state of the s				
DRIANT					FREE TIPOMY	TTUTT MAATT TO A	TOTALODE MD 9190
THORTAN		CLIFF RATLIFF		12. NAME OF		VIEW MALL, BA	
IMPORTANT	23a. E	CLIFF RATLIFF URIAL, CREMATION, REMOVA SPECIFY BURTAL			5772 WESTY CEMETERY OR CREMATOR METH. CH.		CARROLL N

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Owings Mills, Md.

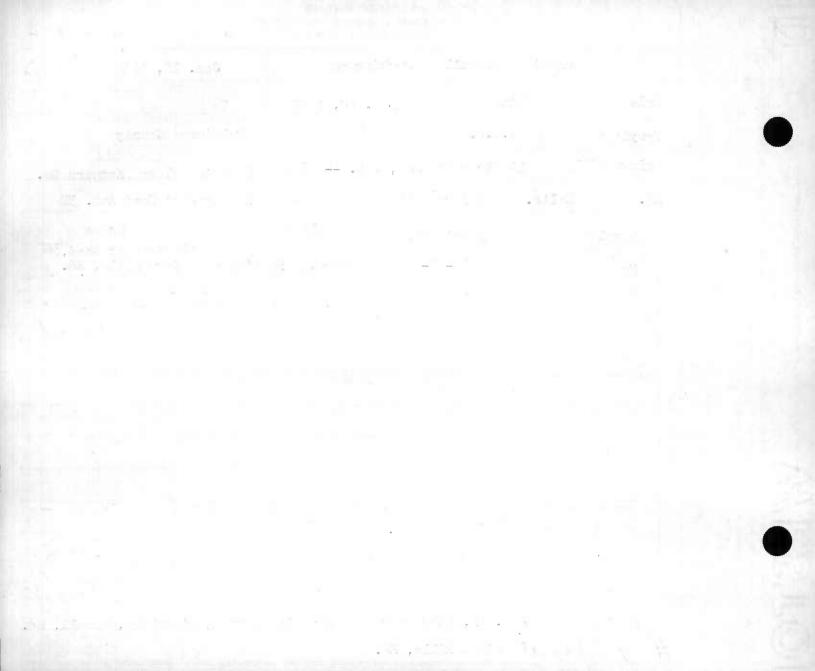
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15. 4) 7/78



FOR

STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO.

- 1	(TYRE	ORPRINTI		MIDDLE		LA31	- 1	26 DATE OF DEATH	MONTH	UAT	TEAR	ZB. HOUR	
1	(1176	EUNI	CE	В.	BUC	KINGHAN	4		1	04	80	12:3	OA
	3. SEX		4 RACE		5 DATE C			AGE (IN YEARS LAST BIR	THDAY)		DER I YEAR	IF UNDER 24	-
Š	F	'emale	White		Jun	e 19. 19	YEAR	79	YRS.	MONTH	S OAYS	HOURS	MIN
П		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1			BALTIMORE CITY		YOF	EATH		
ä		onnecticut	USA		WIDOWE	D NEVER MA	ORCED	COUNTY	Ro 1	ti m	ore (`o M	[dMp
1	Acres -	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTIT	UTION	12a USUAL OCCUPAT	ION	112	b. KIND O	F BUSINESS	
o		OWSON		-6701 N.		ARLES S	Т.	Housewife	OF WORKING	IFE) IN	DUSTRY		
1	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OF		I, GIVE RESIDENCE BEFORE		1134. INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS					
9	M	aryland Bal	ltimore	Rossvill	le	YES 1	NO [X]	7501 Ston	ecutt	er	Ct.		
38	14 FA	THER'S NAME William Hill	MIDDLE	LAST		15 MOTHER'S A	IST	odison			LAS	ĭ	
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMAN	T	ADDR	ESS		Balti	more	
П	(1	No No		043-38-04	485	William	F. To	othe 7215	Willo				06
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE				PIRATO				F		MATE INTERVA	
	NO	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause last	DUE TO, C	OR AS A CONSEQUE	NCE OF				DITION G	IVEN IN	PART II		
Ⅎ	CERTIFICATION	198 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?				IGS USED	
	TEK							YEST NOX		IFYING	CAUSES	OF DEATH?	?
7	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	.M. MONTH DA .M.	Y YEAR			D (ENTER NATURE OF INJU	RY IN ITEM 18	, PART 1 C	OR PART 2)		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	·	CITY OR TO	WN	CC	OUNTY	STATE	É
		220 I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no	_ 1-	04 19	00	nd that in (my) (a	, 19 <u>79</u> our) opinion de	, to 1_04 eoth occurred on the d	ote and ha	., 19		that (I) (we causes state	
		226. SIGNATURE				DEGREE					22c. DATE	SIGNED	
		FSIa	lel				TENDING TYSICIAN []	MEDICAL STA	FF CIAN (X)		1-0	4-80	
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS		500					
		P.J.PATEL	.,M.D.					N. CHARL	ES S	T.			
		URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CR	EMATORY	236. LOCATION CITY OR TOWN		COUN	ITY	STATE	
		remation	Jan /	1980 GT	nanm/	ount Com	eterv	Baltimore	a. Ma	rv1:	nd -		

Baltimore

Brothers, Inc. 7110 Belair Rd. 21208

25e. DATE REC'D. BY REGISTRAR 25h

1980

DHMH-16 20M (VRA 15, 4) 7/78

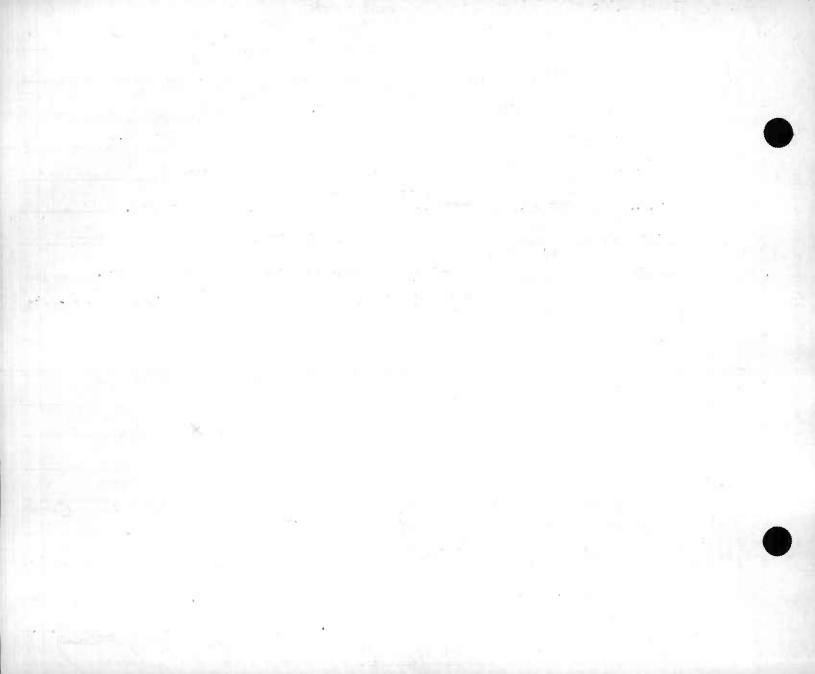
IMPORTANT: If he

24 FUNERAL DIRECTOR

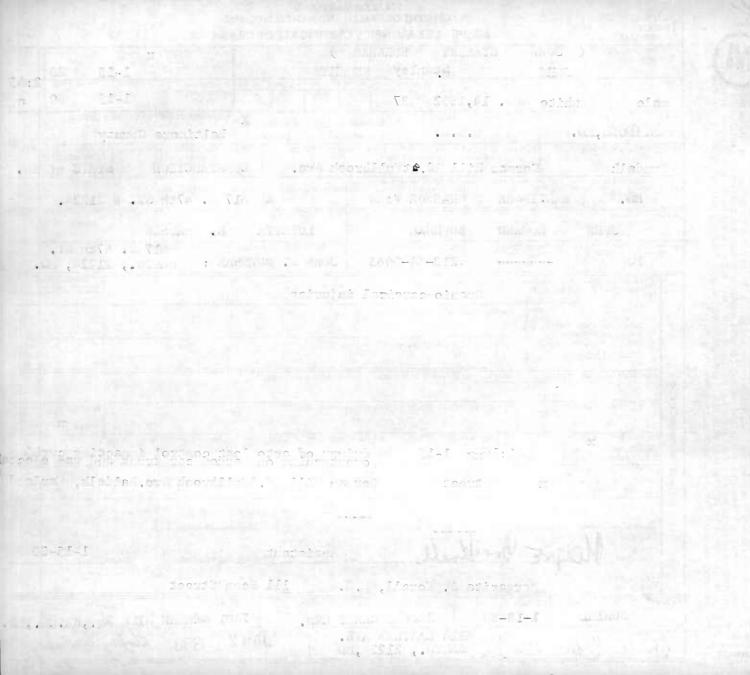
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		REGISTRAR EASED NAME	FIRST	N	AIDOLE		NST	REG. N. 2n. DATE OF DEATH	O. MONTH DAY	YEAR	2h HOUR
6 t	TITPE	OR PRINT)	IADELIN	ו סו	В.	BURG	C	JANUARY 2	2. 1980	1	8.33
	3. SEX			RACE	J.	5 DATE O		6. AGE IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HI
1 2.5		S7 -	- 1	2 2 1		MONTH		80 00		NTHS DAYS	HOURS MI
Pa di se		THPLACE ISTATE OR F		white	WHAT COUNTRY?	8	11 1899	9 BALTIMORE CITY O	P COUNTY O	EDEATH	
	CC	UNTRY)			VIIAI COOIVIKI:		NEVER MARRIED				
within 72		SaceLorr Y OR TOWN OF DE		USA	OSDITAL NILIDSIN	WIDOWE	DO DIVORCED ROTHER INSTITUTION	BALTIN	ORE COL		
by the filled with	10 01		AIR	(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O		IZB. KIND O INDUSTRY	F BUSINESS
		TOWSON	/		JOSEPH H		AL	housewife		home	keeni
d be	13a. S	L RESIDENCE (IF NUR TATE	SING HOME OF O	THER INSTITUTION,	13c. CITY ORITOW	E ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS			
filled sould be	N	U.	Berge	en	attens	on	YES NO TH	87 Bogar	t Ave		
2 shy	14. FA	THER'S NAME		OOLE	LAST		15. MOTHER'S MAIDEN NA	ME			
amplet and a		rnest	Mil.	AULE .	Bob		Philamin	WIDDLE		Mo	
	16a. W	AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	Me	пу
Pages Pages	(A)	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES	140 10	-160	D	0~ 7			
physician an papers. F emavaí. event, the n		18 CAUSE OF DEAT			149-10-		Ernest Bur	es 87 Bo	gart /		MATE INTERVAL DISET AND DEAT
n signed by the attendin Then please remave carb 'ta burial, cremotian, ar i injury, or ather traumatia	NO	gove rise to im couse (o), static underlying couse PART 2 OTHER SIG	ng the e lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	21
ony ony	CAT	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20h. IF YES, V	WERE FINDIN	IGS USED
	<u> </u>										
hos hos	1 1 h							YES NO	YES		OF DEATH?
cote has land hygiene p	CERTIFICATION	21a. ACCIDENT WAS UN		21b. TIME OF		VS.15	21c. HOW INJURY OCCURE		YES		
al-transit perratol Hos la al-transit perratol Hygiene per la shaws a		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.A	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR		YES		
borral-transit per Mental Hygiene Arem 18 shaws			CAUSE OF DEATH	HOUR A.A	M. MONTH DA M. DEINJURY	19	211 LOCATION	RED JENTER NATURE OF INJUI	YES [1 OR PART 2)	но 🗌
ins certificate has burial-transit per li Mental Hygiene ar Item 18 shaws	CAL	OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE [] NOT W	CAUSE OF DEATH CALEXAMINER) PRED	HOUR A.A	M. MONTH DA M.	19			YES [
re this certificate has the burial-transit per and Mental Hygiene ked or frem 18 shows		OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK	CAUSE OF DEATH CALEXAMINER) RED WHILE	HOUR A.A P.A 21e PLACE C (AT HOME, STRI	M. MONTH DA M. DE INJURY EET, FACTORY, OFFICE, F	19 ARM, ETC)	211 LOCATION STREET	RED JENTER NATURE OF INJUI CITY OR TOV	YES YY IN ITEM 18, PART	1 OR PART 2)	NO _
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ipital or attending physician. TOR. After this certificate has far use as the burial-trainit per at Health and Mental Hygene 21 is marked at tem 18 shaws.		OR CONTRIBUTING (IF EITHER, NOTHY MEDIX 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK 220. I certify tho sow the decess obove (1) we);	CAUSE OF DEATH CAL EXAMINER) RED WHILE ORK	PA 210 PLACE C (AT HOME, STRI	M. MONTH DAM. DE INJURY EET, FACTORY, OFFICE, F	I9 ARM, ETC) Janua 80_, on	211 LOCATION STREET TY 8 19 80 d that in my (our) apinion of	CITY OR TOW	YES YES	COUNTY 80	STATE tho (1) we) I couses stoted
e hospital or attending physician. DIRECTOR. After this certificate has ched far use as the burial-transit per Dept of Health and Mental Hygiene item 21 is marked ar item 18 shows.		OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIX 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK 22a. 1 certify that	CAUSE OF DEATH CAL EXAMINER) RED WHILE ORK	PA 210 PLACE C (AT HOME, STRI	M. MONTH DAM. DE INJURY EET, FACTORY, OFFICE, F	I9 ARM, ETC) Janua 80_, on	211 LOCATION STREET	CITY OR TOW	YES 17 IN ITEM 18, PART 17 17 18 19 27 27 29 20 20 21 21 21 21 21 21 21 21	COUNTY	STATE tho (1) we) I couses stoted
e haspital or attending physicion. DIRECTOR. After this certificate has ched for use as the burial-transit per Dept of Health and Mental Hypere Hem 21 is marked or Item 18 shows		OR CONTRIBUTING (IF EITHER, NOTIFY MEDIX 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK 22a. Is certify than (I's saw the decease above (I') we) (22b. SIGN ATURE)	CAUSE OF DEATH CAL EXAMINER) IRED WHILE Whis hospitol and dive ac digh (did ndi)	HOUR A.A. 21e PLACE C (AT HOME, STRI	M. MONTH DAM. DE INJURY EET, FACTORY, OFFICE, F	I9 ARM, ETC) Janua 80_, on	211 LOCATION STREET TY 8 19 80 d that in(my) (our) opinion of	CITY OR TOW to Januar deoth occurred on the do	YES I'V IN ITEM 18. PART I'N Y 22 19 Die ond hour o	COUNTY 80	STATE tho (1) we) I couses stoted
e haspital or attending physicion. SIRECTOR. After this certificate has thed far use as the burial-transit pel oppt of Health and Mental Hypiers them 21 is marked or Item 18 shows		OR CONTRIBUTING (IF EITHER, NOTHY MEDIX 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK 220. I certify tho sow the decess obove (1) we);	CAUSE OF DEATH CAL EXAMINER) IRED WHILE Whis hospitol and of did not)	HOUR A.A. 21e PLACE C (AT HOME, STRI	M. MONTH DAM. DE INJURY EET, FACTORY, OFFICE, F	I9 ARM, ETC) Janua 80_, on	211 LOCATION STREET TY 8 19 80 d that in (my) (our) opinion of the control of th	CITY OR TOW to Januar deoth occurred on the do	YES YES	county 80 22c. DATE Jan.	STATE tho (1) we) I couses stoted SIGNED
e naspitol of attending physicion. DIRECTOR. After this certificate has ched for use as the burial-trainst per Dept of Health and Mental Hygiene Item 21 is marked or Item 18 shows		OR CONTRIBUTING [(IF EITHER, NOTIFY MEDIX 21d. INJURY OCCUR WHIE NOT WAT WOOK 22d. I certify that (I) Sow the deceos above (II) we) (22d. SIGNATURE) 22d. PHYSICIAN'S N	CAUSE OF DEATH CAL EXAMINER) IRED Whis hospitol and office of picture of the control of the cont	HOUR A.A. 21e PLACE C (AT HOME, STRI	M. MONTH DAM. DF INJURY EET, FACTORY, OFFICE, F deceosed from y 22 19 ofter death.	I9 ARM, ETC) Janua 80_, on	211 LOCATION STREET TY 8 19 80 d that in(my) (our) opinion of	CITY OR TOW to Januar deoth occurred on the do	YES YES	county 80 22c. DATE Jan.	STATE tho (1) we) I couses stoted SIGNED
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DIRECTOR. After this certification to strength of the day of the burnel-transit per Dept of Heolth and Mentel Hygene Hem 21 is morked or Item 18 shows	WEDICAL	OR CONTRIBUTING [(IF EITHER, NOTHY MEDIX 21d. INJURY OCCUR WHILE NOT WAT WORK 22a. I certify that Sow the deceos above (II) we); 22b. SIGNATURE 22d. PHYSICIAN'S N	CAUSE OF DEATH CAL EXAMINER) IRED HILE Whis hospitol ied olumbae dich (did noi) AME (TYPE OR PI	HOUR AAP PA 21e PLACE C (AT HOME, STRI	M. MONTH DAM. DF INJURY eet. FACTORY, OFFICE, F edeceosed from y 22 19 offer deoth. M. D.	Janua 80 on	211 LOCATION STREET TY 8 19 80 d that in (my) (our) opinion of the control of th	CITY OR TOW to Januar deoth occurred on the do MEDICAL STAI DIRECTOR PHYSIC Ad, Baltimon 23d LOCATION CITY OR TOWN	YES YES	county 80 22c. DATE Jan.	STATE tho (1) we) I couses stoted SIGNED
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MOEnt STANMEY BURNHAM LAST 20. DATE KNOWN YEAR MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Stanley BURNHAM 1-15 80 TOHN 19 2 HAID 6. AGE (IN YEARS SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1-15 80 AUG. 14,1952 27 YRS ma le white a_M 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO RIRTHPLACE (STATE OR MARRIED NEVER MARRIED BALT IMORE MD U.S.A. Baltimore County WIDOWED DIVORCED III. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) German Hill Rd. atFullbrook Ave. CONSTRUCTION STATE of MD. Dumda 1k BE 3. RETAIN SHOULD BE RECORDS, | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | YES | NO (14 21224. HARBOR VIEW 13a. STATE 13b. COUNTY BALTIMORE MD. 15. MOTHER'S MAIDEN NAME OF-VITAL 14. FATHER'S NAME LAST EDWARD BURNHAM LORETTA MADSEN **JOHN** 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDASS S. 47th ST. DIVISION 213-64-8463 JOHN E. BURNHAM : BALTO., 21224, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cervical injuries IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES X NO [E DEPARTMENT OF PRIOR TO BURIAL 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2:10xx MONTH 15AY driver of auto lost control impacting curb& overturning on parked car trunk and was ejected UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY STREET FACTORY FARM, ETC. German Hill Rd. & Fullbrook Ave. Dundalk, Maryland WHILE AT WORK Autopsy XX 22a. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Accident XX death resulted fram: Hamicide / Undetermined manner Natural causes TITLE (SPECIFY) 1-15-80 DATE Assistant DEATH, MEDICAL EXAMINER SIGNED PAGE 4 SHOTO FUNERA AFTER DEATH BALTIMORE, EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M. Dangess (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 23a.BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE BURIAL 1-18-80 SACRED HEART CEM. 7401 GERMAN HILL RD. BA.CO. MD. (ADDRESS 6224 EASTERN AVE. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** history McCready VR A15 ME (5)) BALTO., 21224.MD 15M7/77



1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	B 0 0 0	296
REGISTRAR 1. DECEASED NAME FIRST	MIDDLE LAST	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 2b HOUR
(TYPE OR PRINT) RAYMON)	O HARDY BURROWS SR	JANUARY 31	80 210
3. SEX	4 RACE S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UM	NDER I YEAR IF UNDER 24 HRS
MALE	CAUCASIAN 11 29 23	56 YRS	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	BITLTIMO RE	60.
TO CITY OR TOWN OF DEATH	WIDOWED DIVORCED	120 USUAL OCCUPATION 1	2b. KIND OF BUSINESS OR
DO LUTHERVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 140 GREEN RIDG-E RD	RETIRE P	POST OFF.
USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 136 CITY OR TOWN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS	- 00
14 FATHER'S NAME	LTIMORE LUTHERVILLE YES NO EN	140 GREENRICO	$\leq KP$,
EDUARD H	MODIE FOR BURROWS FLORENCE	E ANDOLE	HARDY
9 160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	17. BADDRESSONS,	JR.
YES WW	II 717-16-1060 3934 KIL 1	FRANY CIRCLE	21236
PART I. DEATH WAS CAUSE		TIONAL LELLCA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1990 IMMEDIA	TE CAOSE (U)	The sine of the	2 MaNTAS
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		
i i	((((() () () () () () () ()		
	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVEN	N PART I(d)
NO LAST DE LA COLDENT WAS UNDERLYING TO	TRANSITIONS	20a AUTOPSY? 20b. IF YES, WE IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH?
11/12/19 210. ACCIDENT WAS UNDERLYING	LEFT MIDNEY	YES NO YES TENTE YES TO	NO 🔄
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AT WORK AT WORK			
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above, (1) (me) (did) (did)	view the body after death DEGREE		22c. DATE SIGNED
James E,	Moulsdale M, D, ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	1/31/80
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JAMES E		LROSS KEYS, BAL	Te, MO. 21210
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24 FUNERAL DIRECTOR	ADDRESS 1050 York Road COA		SSIGNATUR
Ruck Towson Fune	ral Home, Inc. Towson, Md. 21204	1000	

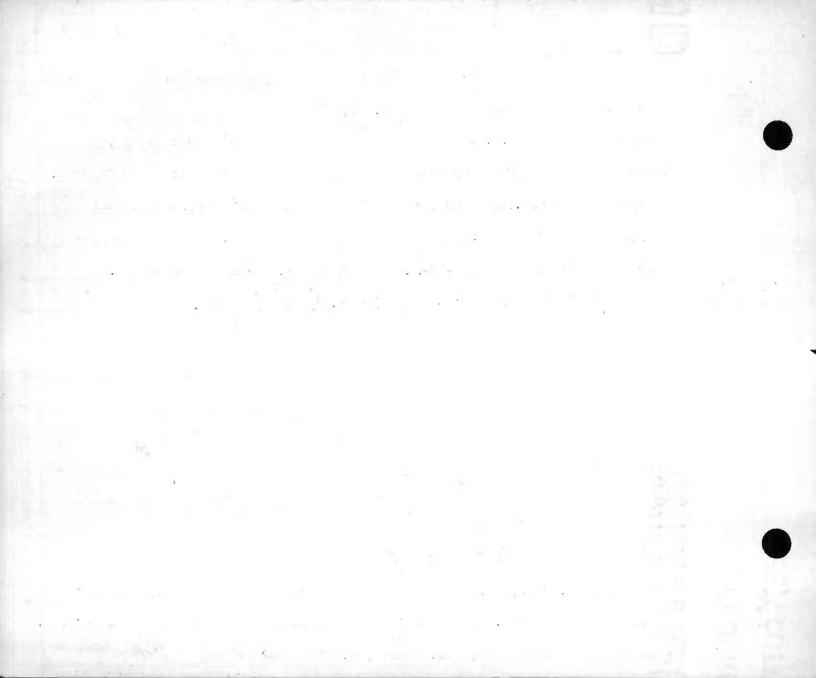
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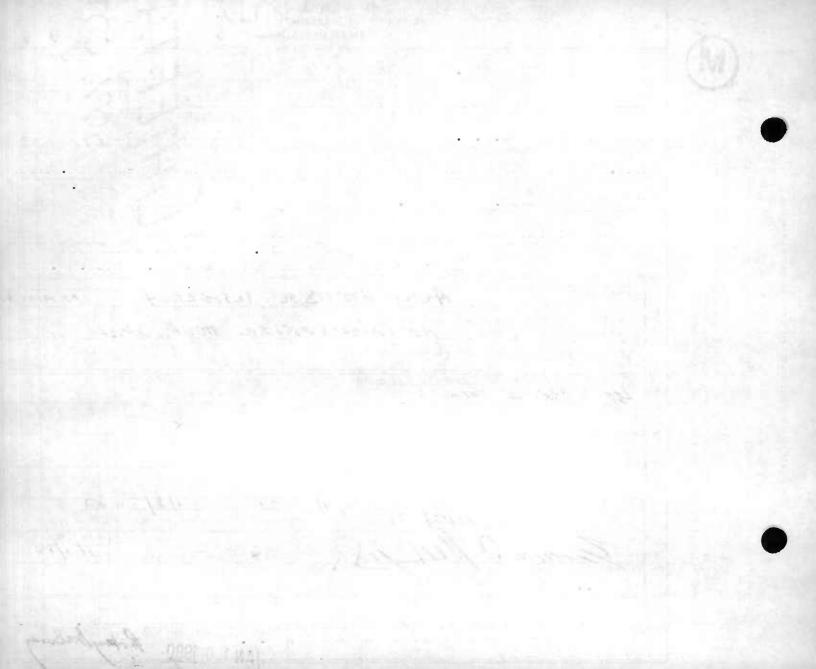
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204 JAN

(VRA 15, 4) 7/78



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) January 8, Califano 1980 Salvatore J. 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH HOURS 7/25/1914 Male White 65 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore County Pennsylvania U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR Milford Mill Insurance Agent-Nat. Life Balto. County Tenn. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Balto. Balto. 3723 Milford Mill Road 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ann Unknown Albert Califano 17 INFORMANT Mrs. Kather Prie Califano 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 184-10-3138 3723 Milford Mill Rd. Balto.MD.21207 none 18 CAUSE OF DEATH. Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY INFARRITION 10 MINUTE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PICKIOSCLEROTIC HEART DISEME Conditions, if any, which gove rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION STENOSIS 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [Hygi 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive on above, (1) (we) (did) (did not be the 72b. SIGNAT DEGREE 10/80 ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN 22e ADDRESS 22d. RETYSTCIAN'S NAME (TYPE OR PRINT) shauld be 3502 Croydon Road Dr. Bernard Rubin 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial STATE Woodlawn 1/11/80 Woodlawn Cemeterv Balto. MD. 24 FUNERAL DIRECTOROring Byers Funeral Directors, 25 PATA REC'D. BY REGISTRAR 256. REG DHMH - 16 60M 1/75 (VR A 15 (4)) 8728 Liberty Road Randallstown, MD.



DIVISION OF VITAL RECORDS,

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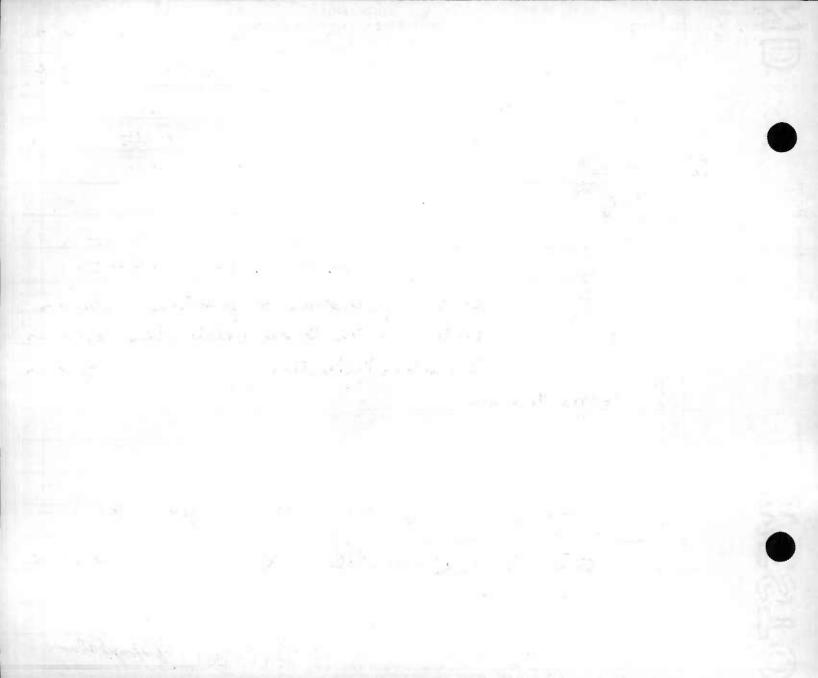
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

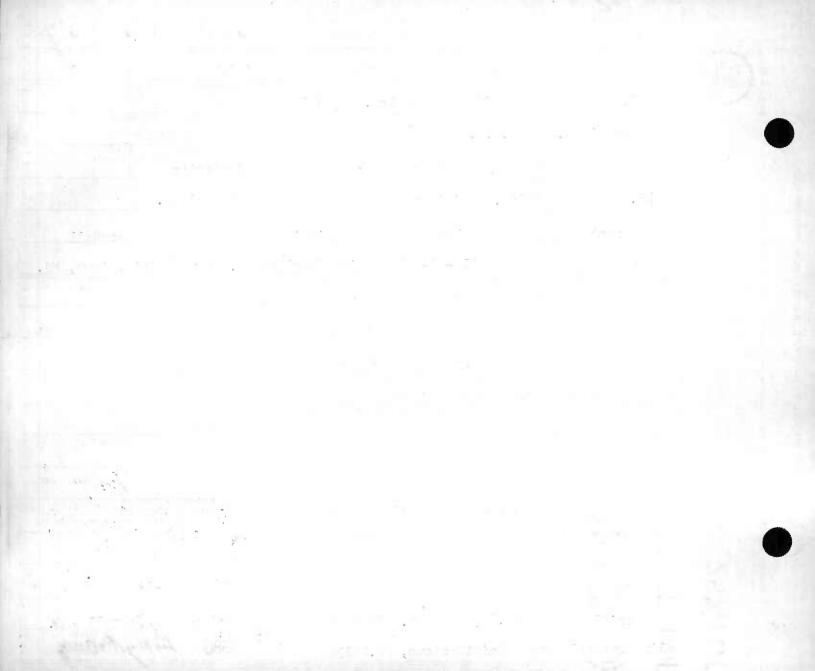
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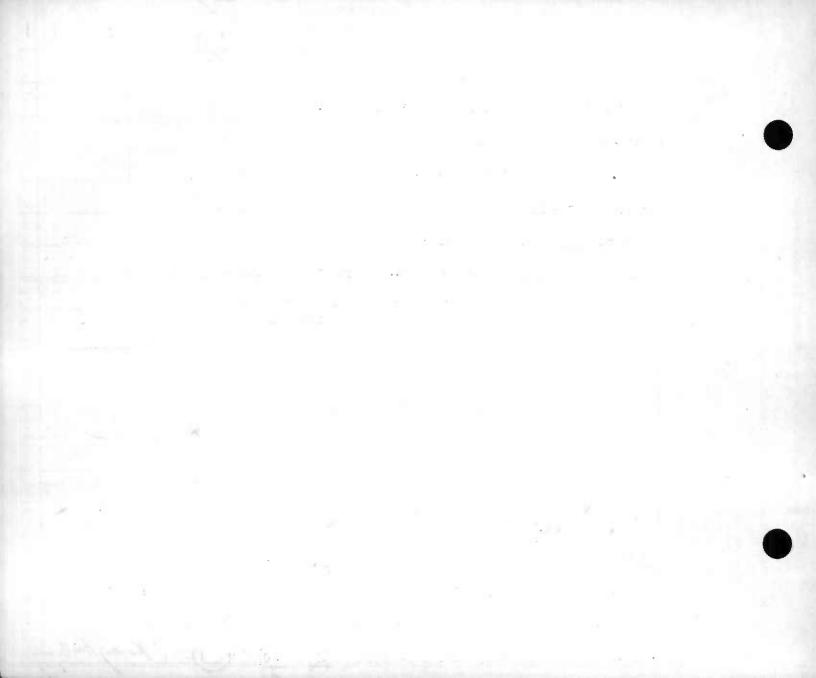


Ruck Towson Funeral Home, Inc. 1050 York Road

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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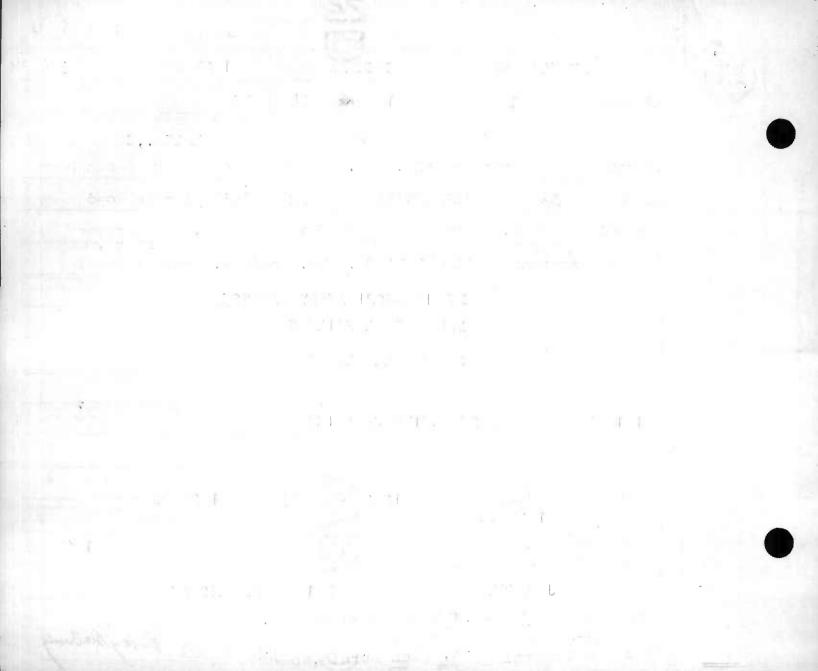


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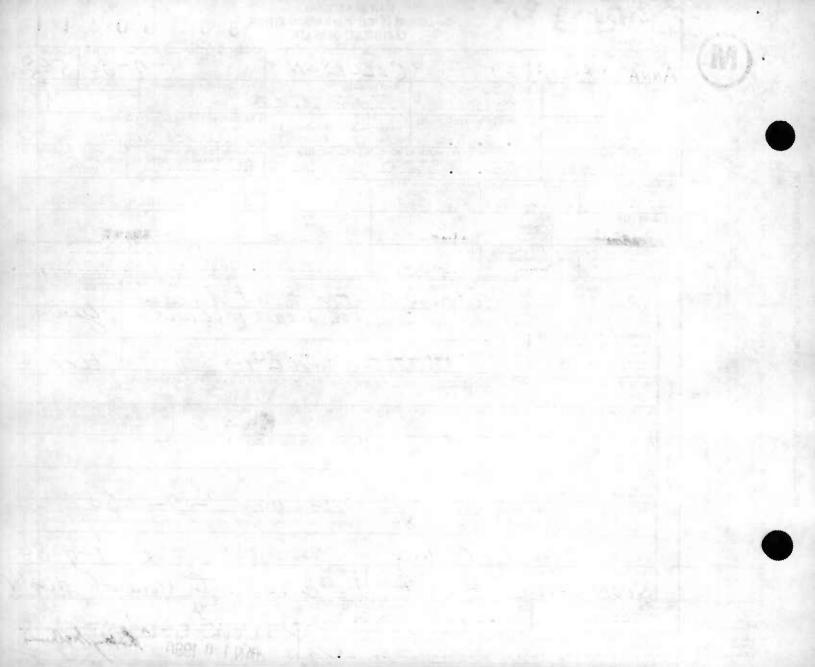
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TO FUNERAL DIRECTOR: After this certificate has been

O HOSPITAL OR ATTENDING PHYSICIAN: The faw retained by the haspital or attending physician FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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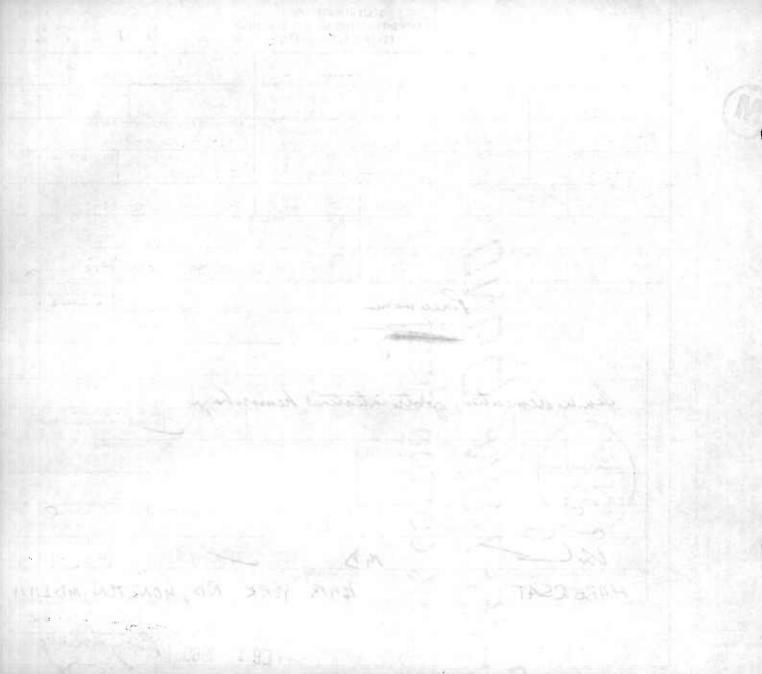
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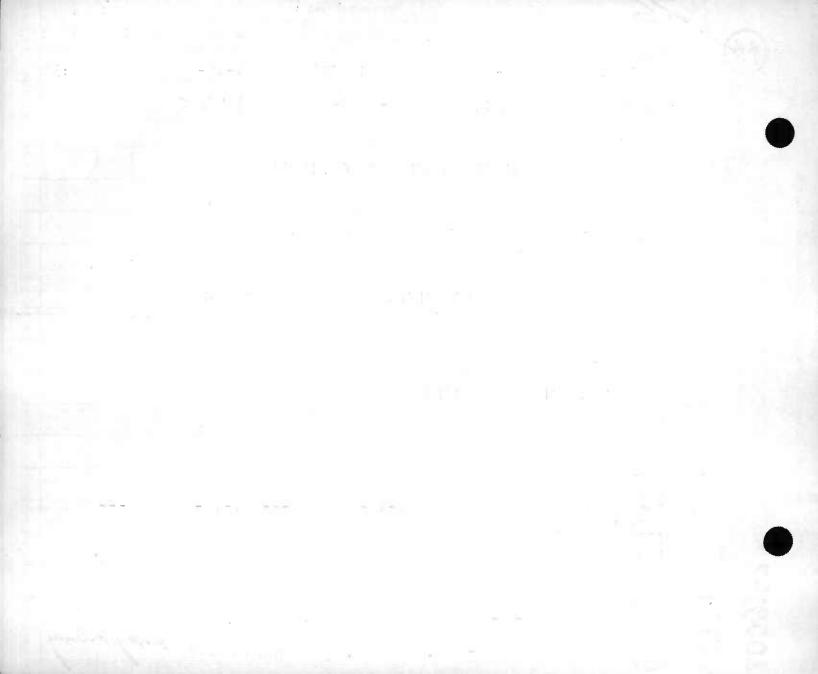
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24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

Meyersdale Penna 250 DATE REC'D. BY REGISTRAR IN

1980





FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 2ª DATE OF DEATH MONTH 26. HOUR DAY YEAR (TYPE OR PRINT) 3 SEX AGE (IN WARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HT DATE OF BIRTH MONTH YEAR MONTHS GAYS HOURS To. BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED TE NEVER MARRIED COUNTRY WIDOWED DIVORCED Baltimone County Marilland 10 CITY OR FOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 4928 Inspector-ret Anbutun oods USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO F Anbutus Loods 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST MIDDLE oolahan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per lungtor (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? shov NO YES [NO [Item 18 Mental Hygi 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21s. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a I certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an 1006 and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated abave, (lywe) (did) (did nat) view the bady after deet 226. SIGNATURE DEGREE 22c. DATE SIGNED STAFF ERAL State PHYSICIAN TO DIRECTOR PHYSICIAN 22d. PMYSICIAN'S NAME (TYPE OR PRINT) TO FUNE should be with the S 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) MANOE BO ALM Baltimore 1 athederal DURLAL 24 FUNERAL DIRECTOR DHMH-16 25M 1328 Sulphur Spring Rd. Ambrose Funeral Home (VRA 15, 4) 1/79

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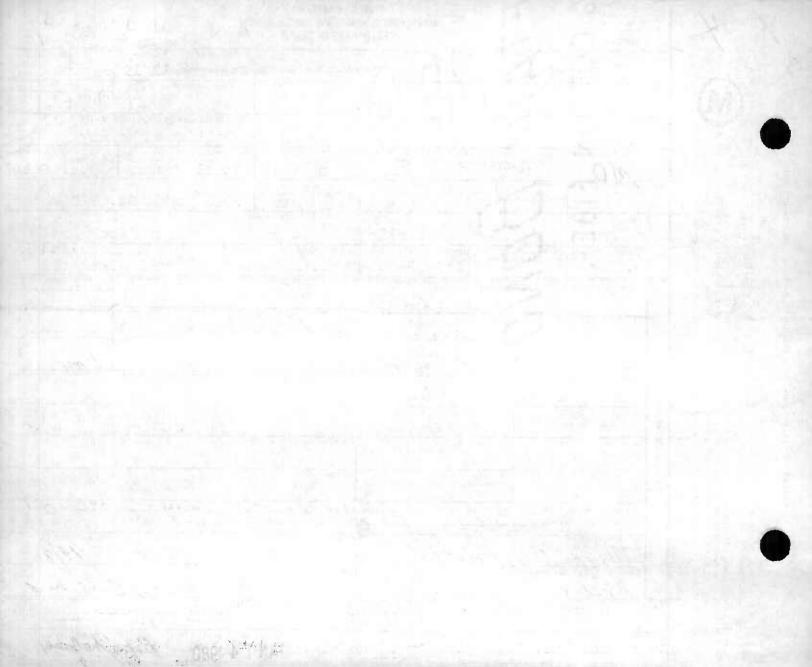
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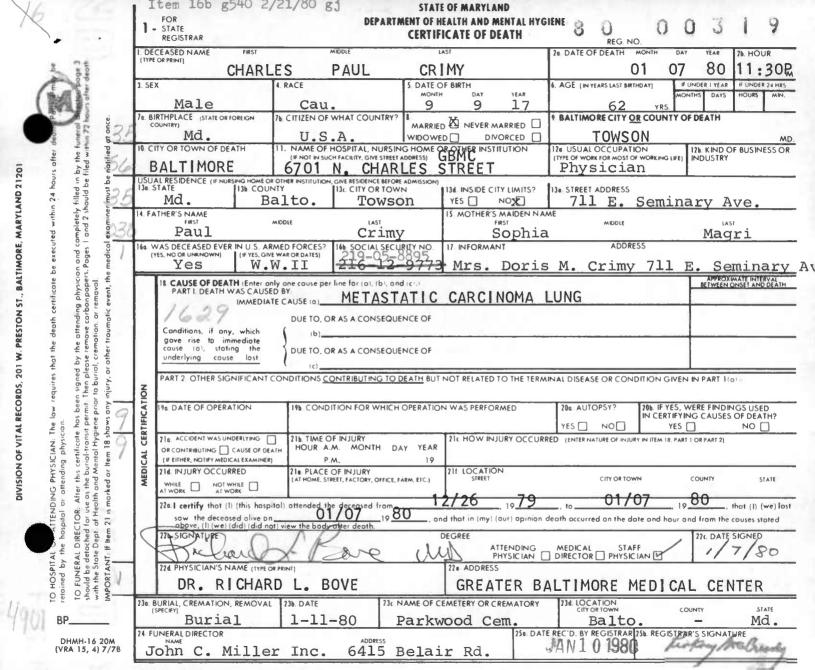
STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN D TYPE OR PRINT)

James ESTI-Corrigan Joseph DEATH MATED SEX 4. RACE S DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 68 VPS PRONOUNCE White Male 191 DEAD 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Md. USA Baltimore County WIDOWED [DIVORCED 0. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) St. Joseph's Hospital Towson Documentation Mgr. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Dulaney Sps. Cockeys 134 COUNTY 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Balto. Cockevsville McArthur Ct., Apt. 2E NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Caroline James Joseph Corrigan Marv Gebhart 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS Apt. 2E (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-09-6568 D. Corrigan, McArthur Ct. No Thelma 18. CAUSE OF DEATH (Enter only one couse per line for (p), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE-TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION 20. AUTOPSY? YES 🗆 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted fram: Natural couses Accident Suicide Homicide Undetermined manner GE 4 SHO FUNERA TER DEATI EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore 17/7/80 New Cathedral Cem. Maryland 250. DATE REC'D. BY REGISTRAR 256 OGISTRAR'S SIGNATURE **DHMH - 17** Lemmon. 10 W. Padonia Rd. (VR A15 ME (5)) 15M 7/77

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3 SEX Femal	.e	White		5. DATE C		926 YEAR	2.6	SE (IN YEAR	RS LAST BIRTHD		MONTHS DA
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14 FATHER'S NAME FIRST Edward		George	Clingman	1		R'S MAIDEN FIRST 11a	NAME	L.	WIDDIE	Rob	oinson
160 WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORA	TNANT	TEN		ADDRESS		
No	1,, 763, 6141	TICK ON DATES	220-20-1	442	Mrs.	Gail	Thoma	as	78 E.	Pad	lonia
18 CAUSE OF DEA			line for (a), (b), and	d (c).)							BETWE

	Maryland	Baltimore	Towson	YES NO X	7911 Kno11	wood Road
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	160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 220-20-1442	Mrs. Gail Th	nomas 78 E.	Padonia Road
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	Burial	Jan.21	,1980 Dulaney	Valley Cem.		ille Balto., Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

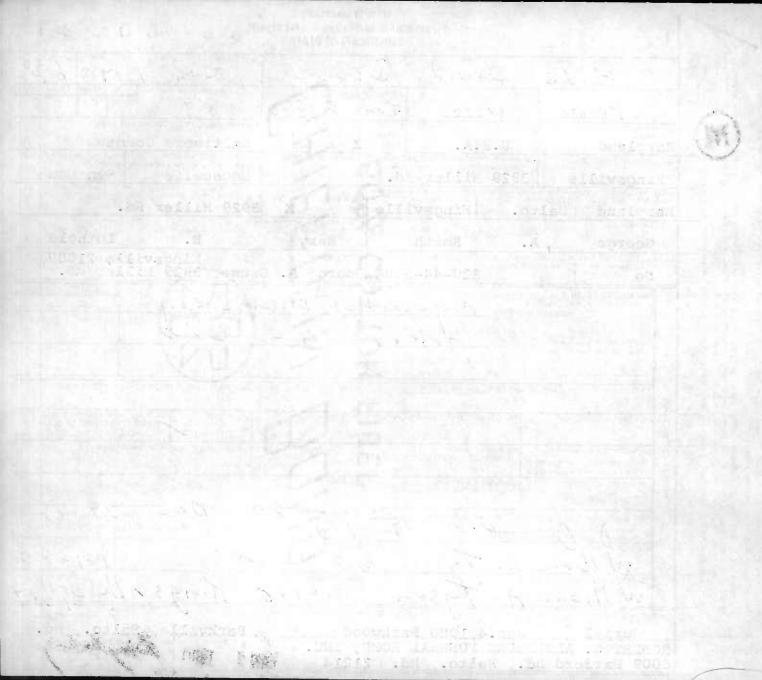
Puck Towson Funeral Home, Inc. Towson, Md. 21204

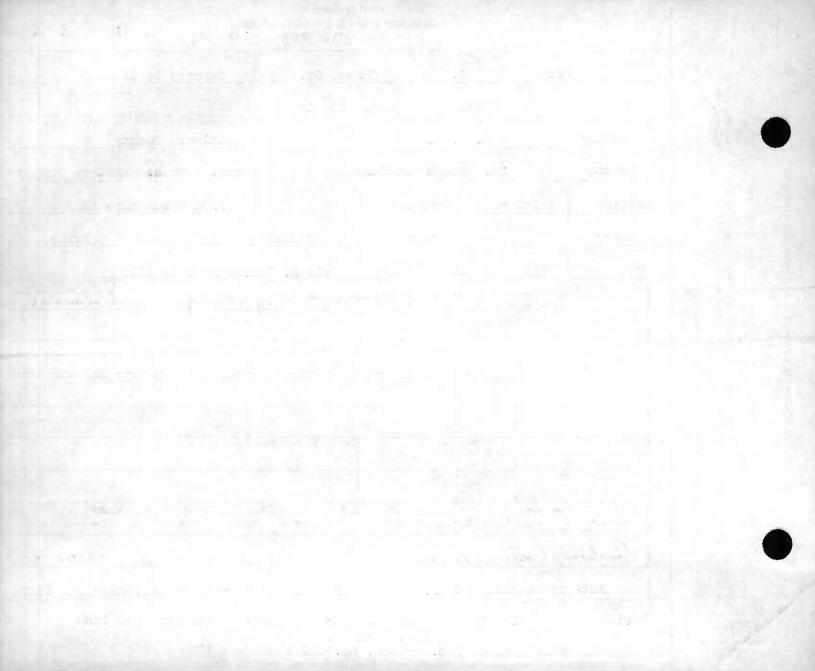
Dulaney Valley Cem.

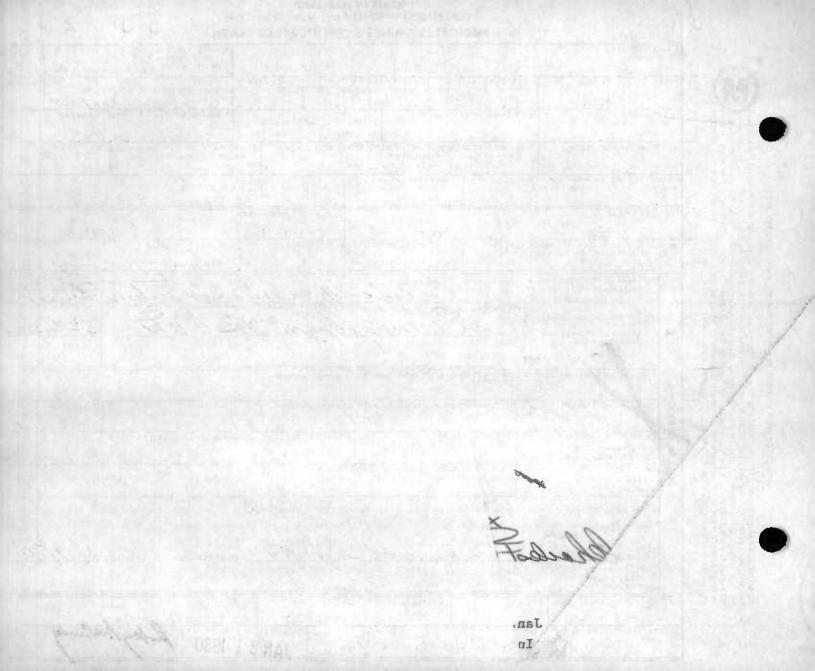
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13	WEDICAL WEDICAL	PART 2 DINER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. I certi deoth result ACTUAL SIGNATURE, EXAMINER'S (TYPE OR PRI	GOPERATION AL CAUSE WAS AL CAUSE WAS GOPE	DUE TO, (c) 19b CON 21b. TIME HOUR ATH 21e. PLAC STREET, I	ATR BUT NOT I	RELATED TO THE TERM OR WHICH OPER TY ITH DAY YEAR 19 JRY (AT HOME, IM, ETC.) Obove, held on ent , Sc	RATION WA 21c. HO 21f. LOC ST Autopsy icide	AS PERFOR	Inspecticide SPECIFY)	ion , Under	Inquiry termined m DICAL EXAA	OWN onner ,	DATI SIGN	PART 2) COUNTY COUNTY COUNTY COUNTY COUNTY	1/21/ t	80 × ATE

THE RESERVE OF THE PROPERTY OF THE PERSON OF

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

#21208 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 16 DIRECTOR PHYSICIAN TO MD 22 PMOVATENATION, REMOVAL BURIAL JAN.17,1980 MOUNT MORIAH FATRVTEW NEW JERSEY 250. DATE REC'D. BY REGISTRAR ISH BY ISTRAR'S SOME URE 24 FUNERAL DIRECTORSOL LEVINSON & BROS. INC. DHMH - 16 50M 1/76 (VR A 15 (4)) 6010 REISTERSTOWN RD BALTO 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

DAY

16

YEAR

IF LINDER 1 YEAR

INDUSTRY

UNKNOWN

2b HOUR

12b. KIND OF BUSINESS OR

AT HOME

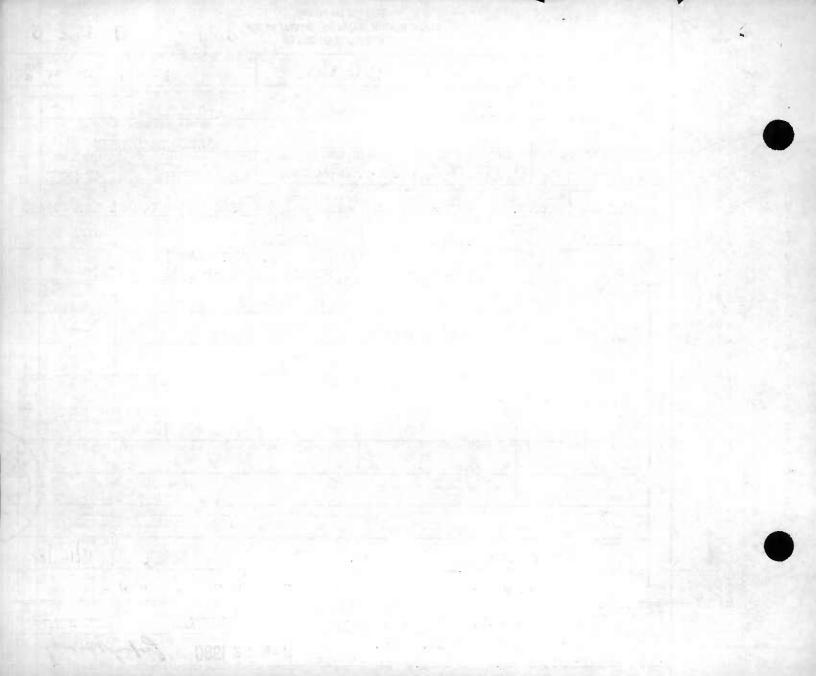
IF UNDER 24 HRS

30

AM

2a. DATE OF DEATH

CERTIFICATE OF DEATH



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 26. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DAVENTORY ARRISON DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 3. SEX DATE OF BIRTH 2d HOUR 20 DATE DAY LAST BIRTHDAY PRONOUNCED 630 5 10 95 84 DEAD Male Black. 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Va. U.S.A. WIDOWED * DIVORCED | Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126, USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Steelworker Stee1 Turners Station 110 East Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE list CITY OR TOWN 130 SIREN ADDRESS Avenue Balto. 13d. INSIDE CITY 41MITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Sallie Henry Davenport Brown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS IAL SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213 07 9671 Mr. Ollie Davenport 24 Garden St. (N.J.) no CAUSE OF DEATH (Enter only one cause pertipe for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY monic when IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE OF Conditions, If ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (G. USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? JED TO THE STATE S YES CERTI 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN JEAN 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. If LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OR TOWN COUNTY 22a. I certify that I took charge of the remain described above, held on Autopsy and in my opinion ULD BE death resulted from Noturol couses Suicide Homicide Undetermined manner EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BALTIMORE, MA MEDICAL EXAMINER SIGNED EXAMINER'S NAME J. CROSSAN DUNDALK BALT. MD (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION
CITY OF TOWN
ESSEX, Md. Buria1 COUNTY STATE 2/2/80 Holly Hill Cem, 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 1920 1701 Laurens Street Morton 15M 7/77 James

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STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DECEASED NAME FIRST YPE OR PRINT! Blanch		Estelle	Dar	vis	20. DATE OF DEATH		o 188	26 HOUR
3. 5	Female	4 RACE White	,	S. DATE O		6 AGE (IN YEARS LAST E		FUNDER I YEAR	IF UN OFR 24 HRS HOURS MIN.
A	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.		WIDOWE		Baltin	or county		M
0	Towson	Valle	ey View Ni	address) ursing	or other institution g Home	TYPE OF WORK FOR MOS HOUSEWILD	OF WORKING LIFE	12b. KIND (INDUSTRY HOT	
130	Maryland Bal		136, CITY OR TOW Dundalk		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2914 Dur	murry 1	Road,	21222 Dundalk
36	FATHER'S NAME William T	. Lilly	LAST		15 MOTHER'S MAIDEN N	DeSwann MIOOLE		1A	.ST
160	(YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	219 03 1		Melvin B.	Davis 6800	Ress Morning	gton Re	oad. 212
z	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c)	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	EN IN PART 1	(0)
CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?			INGS USED S OF DEATH?
MEDICAL CER	On contraction of Comments	LAIN .		YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF IN	JURY IN ITEM 18, PA	ART 1 OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.J	21f LOCATION STREET	CITY OR T	DWN	COUNTY	STATE
	270.1 certify that (I) (this has sow the deceased glive a above, (thinks) (lid) add no 22b. SIGNATU	page 1	. / 0		nd hat in (my) Our popinio	n death occurred on the	AFF	ond from the	that (1) we lose couses stated
	224. PHYSICIAN'S NAME (TYPE	Sorrinti d	Magsic) his		orferd Ad		1/11	, ,,
230	BURIAL, CREMATION, REMOVA	1 23b. DATE			EMETERY OR CREMATORY	CITY OF TOWN			STATE

After this certificate has been signed by the attending physician and co-e as the buriol-transit permit. Then please remove carbon papers. Pages 1

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbonpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low

DHMH - 16 50M 7/77 (VR A 15 (4))

gurial

Funeral

Bruzdzinski

Home PA 1407

FOR

Eastern Ave.

JAN 1 7 1980

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				STATE OF MARYLAND		
	1 -	FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 U O (0 3 3
		EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 25 H
	TITE	Daniel	R	DAVIS	1 6	80 3:4
3	SEX		4 RACE	5 DATE OF BIRTH		UNDER I YEAR IF UN
		M	W	MONTH / DAY YEAR	70 YRS MO	ONTHS DAYS HOUR
70	. BIR		Th CITIZEN OF WHAT COUNTR	Y? 8	RALTIMORE CITY OF COUNTY O	OF DEATH
36	CO	MP.	USA	MARRIED DEVERMARRIED WIDOWED DIVORCED	Baltimore Count	v
10	CII	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUS
57	RI	OSSVILLE	ERANKLIN	EET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	RAIL BE
U	SUA 3a S	L RESIDENCE (IF NURSING HOME OR O			13e STREET ADDRESS	
35		135 00011	LTO ESSE		109 EDGE WAT	ER AL
14	FA	THER'S NAME		15 MOTHER'S MAIDEN N	AME	
020			DAVIS	MARGA	RET GET	2. LAST
16		AS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL SE		ADDRESS	TELL
1		ES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES) 705 10	6425 MARY	DAVIS AL	SOVE
			y ane couse per line for iai, (b),		0.1	APPROXIMATE I BETWEEN ONSET
		PART I. DEATH WAS CAUSED	N PV	ry emphysema and fi	brosis, marked	
		1639 IMMEDIATE			21 00 10 3 Mar 100 -	
		Conditions, if any, which	DUE TO, OR AS A CONSEC	ronchopneumonia.		DOM:
		gave rise to immediate cause (a), stating the)			1411
		underlying cause last	DUE TO, OR AS A CONSEC	genic carcinoma rig	ht unner lohe	Level 100
	1	PART 2 OTHER SIGNIFICANT CO			MINAL DISEASE OR CONDITION GIVEN	V IN PART 1(g
	- 1	THE CONTRACTOR OF THE CO				
3	20					
	CALION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS U
	INICATION		196 CONDITION FOR WHI		200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES \(\) NO \(\)	WERE FINDINGS U
	CERTIFICATION	19a DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	CH OPERATION WAS PERFORMED	IN CERTIFY!	WERE FINDINGS LING CAUSES OF D
1		19a date of operation	21b. TIME OF INJURY	CH OPERATION WAS PERFORMED	YESX NO YES	WERE FINDINGS LING CAUSES OF D
10		19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUI 19 21. LOCATION	YES NO NO THE YES	WERE FINDINGS LING CAUSES OF D T I OR PART 2)
7		19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUI 19 21. LOCATION	YESX NO YES	WERE FINDINGS UING CAUSES OF DI
10		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFK	CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUI 19 211. LOCATION STREET	YES NO NO THE YES	WERE FINDINGS LING CAUSES OF DO NOT 1 OR PART 2)
19		21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this haspite saw the deceased olive on the control of the cont	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 12/26/ , 19 79	YES NO NO THE YES	WERE FINDINGS UING CAUSES OF DINCTO NO COUNTY
10	MEDICAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22g. 1 certify that (1) (this haspital	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 12/26/ , 19 79	YES NO NO TO YES RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR CITY OR TOWN	WERE FINDINGS UING CAUSES OF DINCTO NO COUNTY
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1 9	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospite saw the deceased alive on bowe, (1) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE) 11 view the body offer death. PRINT) PRINT)	CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 12/26/ , 19/79 80 and that in (my) (our) apinior DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 9000 Frank	VES NO IN CERTIFY! YES RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN CITY CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN CITY CITY OR TOWN	WERE FINDINGS UNING CAUSES OF DID THORPART 2) COUNTY 280 that (and fram the cause)
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7	WEDICAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22g. I certify that (I) (this haspite saw the decessed alive on above, (I) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR Michael Kogural) URIAL, CREMATION, REMOVAL	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC 17 1 view the body offer death. PRINT) 23b. DATE 23b. DATE	CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET 19 210. ATTENDING PHYSICIAN 22e. ADDRESS 9000 Frank 10. NAME OF CEMETERY OR CREMATORY	VES NO IN CERTIFY! YES RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN CITY CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN CITY CITY OR TOWN	WERE FINDINGS UNING CAUSES OF DID T I OR PART 2) COUNTY 2 80 , that () 2 1237 1

THE SECOND SECON BHITTE DE DE LA SERVICE CETTE SURE LEGISLAND THOUSE THE MET OF THE AND OSPINATION OF THE PROPERTY OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE DECEASED NAME FIRST LAST 7e. DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINTI 1 SEX 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HINOM YEAR DAYS BALTIMORE/CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Auto Sales Manor Care Ruxton Ret. Salesman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. 15 Ruxton Ct. Ruxton YES T NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE I NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 212-03-8723A Mrs. Delma W. DeMoss, 15 Ruxton Ct., Ruxton, Md No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 CAUSE OF DEATH (Enter only one couse per line for Jampo), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) AS A CONSEQUENCE OF Canditians, it any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION shows 78e AUTOPSYS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T or Item 18 Mental Hygi 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M TTY LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY ITY OF TOWN COUNTY STATE LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC I NOT WHILE WHILE AT WORK AT WORK CHULLE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ and that in (my) (ewc) opinion death against on the date and hour and from the course states abave, (1) (we) (did) (did not) view the body after death 22h. SIGNATURE DEGREE 174. DATE SIGNED PHYSICIAN AL DIRECTOR PHYSICIAN TO FUNERAL I should be detach with the State D ATTENDING MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS 236. DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL (SPECIFY) CITY OR TOWN 1/31/80 Dulaney Valley Burial Cockeysville Balto. Md. 250. DATE RECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** Mitchell-Wiedefeld Home, Inc., 6500 York Rd. (VRA 15, 4) 1/79

Carried St. Commission of the The Derive Affire gasheds on X varieties for the following Similar of the first of the property and benefit in a fall of the

	REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	IER'S CERTIFIC	ATE OF DE	REG. NO.	MONTH	DAY YEAR	2b, HOUR
{TY	PE OR PRINT)						OF ESTI-			Za. HOUR
3 SE	v 1	Willi 4 RACE	S. DATE OF BIRTH	N.	Denlei	n Sr.			30 19 80 DAY YEAR	2d HOUF
EWA!	ale	white	MONTH DAY	YEAR LAST BIRTHD.	AY) MONTHS DAYS	HOURS MIN	PRONOUNCED DEAD		30 1980	8p M
1 2 7 N	IRTHPLACE (ST	ATE OR	76. CITIZEN OF WI		la V	R MARRIED	9. BALTIMORE CITY OR	-		71
35 M	arylan	a	U.S.A		WIDOWED	DIVORCED	Baltimore (Count	V	MD
2 10.0	Arbut		JE NOT INSUCHEA	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) napel Squar	e, OR OTHER INSTITUTION	FOR	SUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)		OR INDUST	
USU	AL RESIDENCE	(IF IN NURSING HOME OF	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSI	ION]					
130.	JAE.	Balt	imore	13c. CITY OR TOWN	13d. INSIDE CITY		754 Chapel	Som	are 2	1227
	ATHER'S NAME				15. MOTHER	'S MAIDEN NAM	E	Dqu		661
0	Will	iam	WIDDLE	Denlein	FIRS	Blanche	MIDDLE	Ze	LAST	
160	WAS DECEASED	DEVER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURIT			ADDDECC		above	1
1	YES, NO, OR UNKNO	(IF YES, GIVE W		220-09-4	038 Mrs.	Virgir	nia A. Denl		20046	
	18 CAUSE O	F DEATH (Enter only	y ane cause per line	far (a), (b), and (c).)					APPROXIMATI	INTERVAL T AND DEATH
	PART I DE.	ATH WAS CAUSED		teriosclero	tic cardiov	rascular	disease		DET WEET OF SE	AND DEATH
	439	12		AS A CONSEQUENCE	OF					
12		ns, if any, which	(b)		LITTING THE RESIDEN	With the				
	cause (a) lying cau	stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF					
	7,9		(c)							
1,	PART 2 OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (GIVEN IN PART 1 (a).			11.00	
0	19s. DATE OF	ODERATION	Tini coupi	TION TOD WILLION	5 ATION WAS DEDUCATE	FD2				
	ING. DATE OF	OPERATION	IVB. CONDI	ION FOR WHICH OPER	RATION WAS PERFORM	EU?		27.4	20. AUTOPSY	
SICA			21b. TIME O	INHIPY	1214 HOW INDIES	CCHIPDED (ENTER	R NATURE OF INJURY IN ITEM 18 PAR	27 1 OR 8 A97 5	YES 🏖	NO 🗌
RTIFICA	21g EXTERNA	CAUSE WAS				CCOKKED (ENIE)	THE OF STANT IN SEM IS PAR	TORPARI A		
AL CERTIFICATION	21a EXTERNA UNDERLYING			MONTH DAY YEAR	E					
DICAL CERTIFICA	UNDERLYING CONTRIBUTION	OR NG CAUSE OF D	HOUR A.M	. 19						
MEDICAL CERTIFICA	UNDERLYING CONTRIBUTION 21d. INJURY CO WHILE	OR NG CAUSE OF D DCCURRED NOT WHILE	EATH P.N 21e PLACE		211. LOCATION STREET		CITY OR TOWN	COUNT	ту	STATE
MEDICAL CERTIFICA	UNDERLYING CONTRIBUTION 21d. INJURY CO WHILE AT WORK	OR NG CAUSE OF D DCCURRED NOT WHILE AT WORK	HOUR A.M P.M 21e PLACE STREET, FAC	DF INJURY (AT HOME, TORY, FARM, ETC.)	211. LOCATION STREET					STATE
MEDICAL CERTIFICA	UNDERLYING CONTRIBUTION 21d. INJURY CO WHILE AT WORK	OR NG CAUSE OF D DCCURRED NOT WHILE AT WORK	HOUR A.M P.M 21e PLACE STREET, FAC	OF INJURY (AT HOME,	211. LOCATION STREET	Inspection ,	Inquiry , and	COUNT		STATE
MEDICAL CERTIFICA	UNDERLYING CONTRIBUTION 21d. INJURY CO WHILE AT WORK	OR NG CAUSE OF D DCCURRED NOT WHILE AT WORK	HOUR A.M P.M 21e PLACE STREET, FAC	DF INJURY (AT HOME, TORY, FARM, ETC.)	211. LOCATION STREET Autoosy K, vicide , Homicie	de . Unde				STATE
MEDICAL CERTIFICA	UNDERLYING CONTRIBUTION 21d. INJURY CONTRIBUTION WHILE AT WORK	OR NG CAUSE OF D DCCURRED NOT WHILE AT WORK	HOUR A.M P.M 21e PLACE STREET, FAC	DF INJURY (AT HOME, TORY, FARM, ETC.)	Autonsy Autonicide Momicide TITLE (SPI	de . Unde	Inquiry , and letermined manner ,	in my apini	ian	
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WEDICAL 23a.	UNDERLYING CONTRIBUTION 21d. INJURY COMMILE AT WORK 22a. I certifit death resulte ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN	OR O	HOUR A.M. P.M. 21e PLACE STREET, FAC cof the remains des	DF INJURY (ATHOME, IORY, FARM, ETC.) Scribed obovented in Sumith, M.D.	Autopsy X, vicide , Homicia TITLE (SPI	de . Unde ECIFY) y Chief _{ME}	Inquiry , and etermined manner ,	in my apini	1-31-	

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FOR

REGISTRAR XC

- STATE

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNT 17h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MACHINE OPERAT 628 SOUTH POTOMAC SWIATOWS MEDICAL CENTER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 HOURS 9 DAYS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEPTH BUTTING THE ATEL ATEL ASSET FRANKING LOISE ASE OR CONDITION GIVEN IN PART 110 OBSTRUCTIVE PULMONARY DISEASE WITH RESPIRATORY FAILURE. ATHEROSCLERO-20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (a) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN CENTER FT. HOWARD, MARYLAND BY REGISTRARIZED REGISTRARIES INERAL DIRECTOR 750 DATE REC'D. DHMH - 16 50M 7/77 (VRA 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

YEAR

DAYS

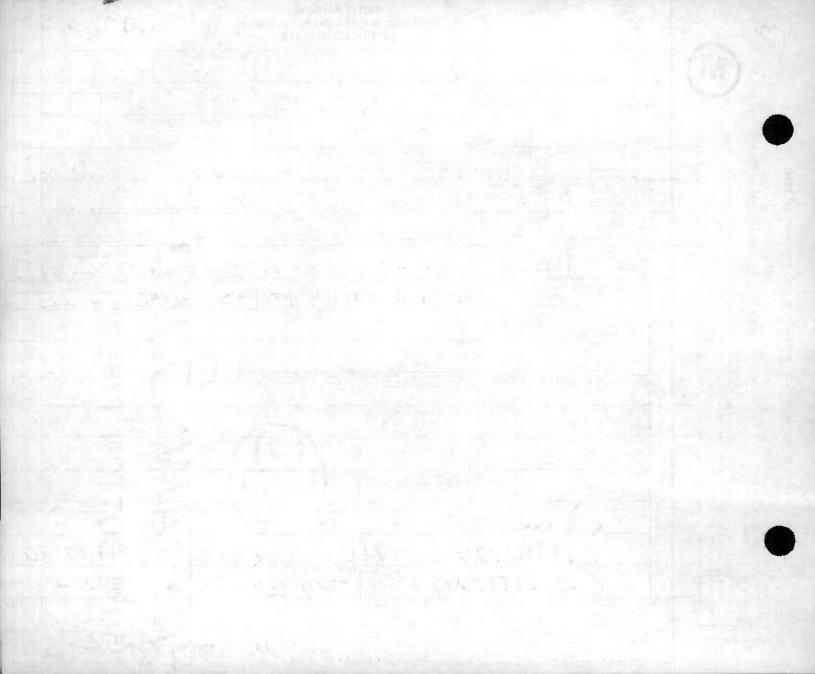
IF UNDER 1 YEAR

2b. HOUR

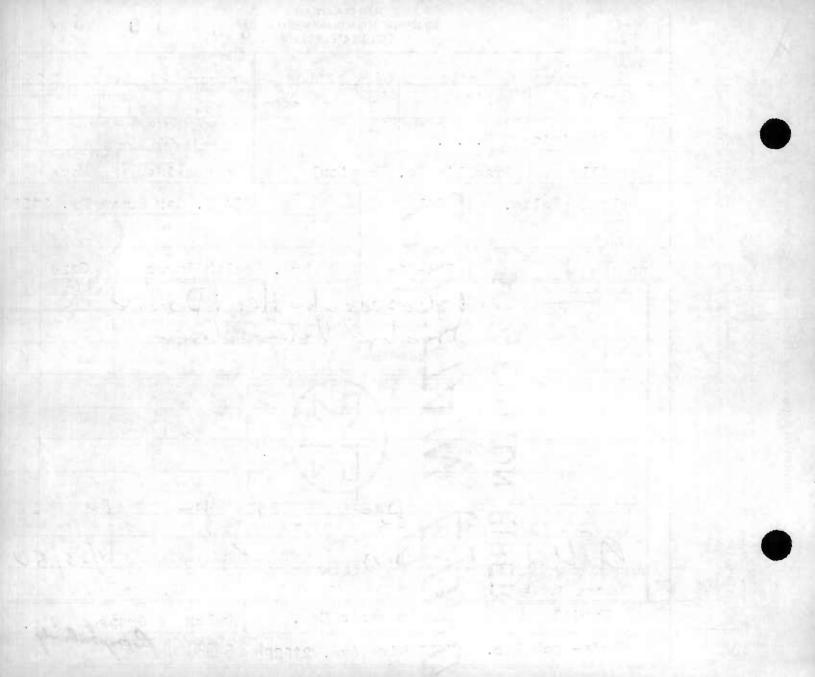
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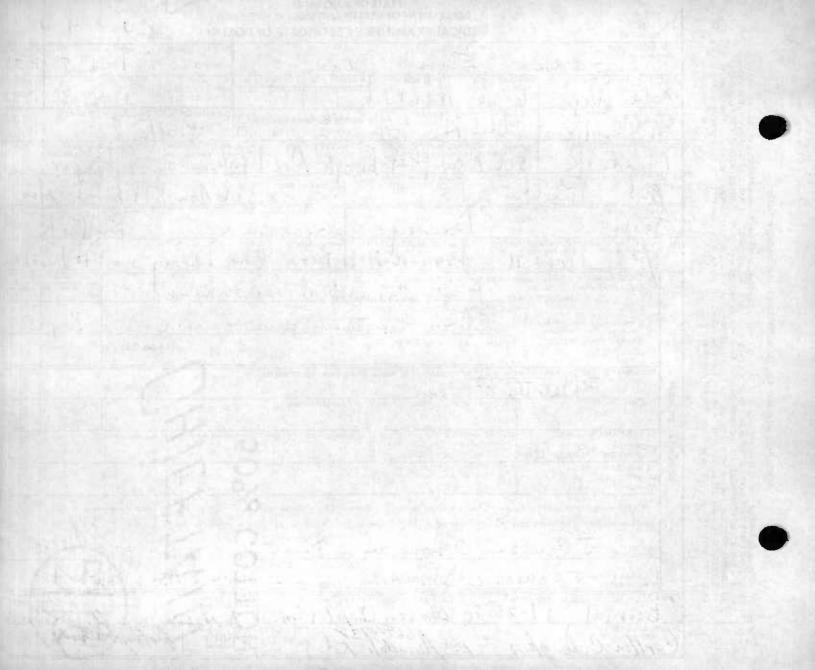


		FOR	STATE OF MARYLAND	HVCIPHE
0	1.	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.
(M)		CEASED NAME FIRST	DINICOLA	20 DATE OF DEATH MONTH DAY YEAR 26 HO
1	3. SE	X	RACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UND
Surra o	2 0	MALE	CAUCASIAN 8 21 189	79 8 8 yrs
10 to 10 10 10 10 10 10 10 10 10 10 10 10 10	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) Italy	b. CITIZEN OF WHAT COUNTRY? 8 MARRIED MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto, County
by the filed with	BI	ANDALLS TO WN	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE COUNTY CENERAL HOSP	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
hould be	USU.	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 136 CITY OR TOWN 136 INSIDE CITY LIMIT ALTO. Reisterstown YES \(\text{YES} \) NO \(\text{X} \)	00 01 1 17: 77 T 17:
ond 2 s	14 FA	THER'S NAME Vincent Di	POLE LAST IS MOTHER'S MAIDE FIRST Ann	a DiCorlo
s. Pages		VAS DECEASED EVER IN U.S. AR (15 yes, give NO	VAR OR DATES)	ieve DiNicola Reisterstown,
is signed by the otteni then please remave a ta burial, cremation, njury, ar ather trauma	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF OUD TO, OR AS A CONSEQUENCE OF	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0
has been to be prior tene prior tows any i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
certificate rial-transfer and la Hygin tem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
frer this c as the bur h and Me arked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY
ERAL DIRECTOR: A e detached for use of State Dept, of Healt ANT; If them 21 is mo		sow the deceased glive an above, (1) (well did) did no 222-51G14) TURE	DEGREE ATTENDITION PHYSICIA	inion death occurred an the date and hour and fram the couses st STAFF AN DIRECTOR PHYSICIAN 122c. DATE SIGNED
TO FUNERA should be de with the Stot	23a. E	22d. PHYSICIAN'S NAME (TYPE O GHASSEM SURIAL, CREMATION, REMOVAL SPECIFY)	POURMOTARRED BOLL 23b. DATE 23c. NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION
		Burial	Jan. 23,1980 New Cathdral	Baltimore, Md
5 50M 1/76 15 (4))	24 F	DINERAL DIRECTOR ETINE Funeral	Home Reisterstown, Md.	DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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				STATE OF MARYLAND
		1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
10			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
4			CEASED NAME FIRST	MIODLE LAST 26. DATE KNOWN MANNIH DAY YEAR 176 HOLIR
	will awar.	(TYI	EORPRINT)	OF ESTI- PS 1 67 22 1852
	S NECESSARY PLEASE FUNERAJOIRCTOR S FOR YOUR FILES D, WITHIN 72 HOURS W PRESTON STREET,	3 SE	0 10-	TE OF BIRTH 16. AGE (IN YEARS) IF UNDER 1 YR. IIF UNDER 24 HRS. 12. DATE MONTH OAY YEAR 126 HOUR
	STR STR	Ma	MONTH	TH DAY YEAR LAST BIRTHDAY) WONDEST CANS LIQUIDS THE PROMOTED
	S. J. G. D. S.	11	ale Negro 6	DEAD 6 1980 77 30
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	Z = 2 -	INC	TY OR TOWN OF DEATH II NAM	AME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 100 OF WORLD 12h KIND OF RUSINESS
	LAY IS PAGE 5 PAGE 3301 W	1	D 112 HENG	NOT IN SUCH A Adility, GIVE STREET JOOR RES) OR INDUSTRY
	OS, SE POLA	1		06 New Titoburgh Ave laborer Paper
-	ANY DE AND 3 T RETAIN HOULD B	13a. S	TATE 136 COUNTY	INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13d. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e, STREET ADDRESS 1)
21201	1. IF ANY DEL. 2, AND 3 TO 3. RETAIN P SHOULD BE L. RECORDS,		ma. Dallo	
	2, 2, 3.	14. F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME
M	PM 3.	-	SESS & MIDDLE	E LAST FIRST MIDDLE LAST
m,	PAGES 1.	1		Downey Georgia Pullock
BALTIMORE, MD.	FORM FORM ON OF	100 /	VAS DECEASED EVER IN U.S. ARMED FOR ES, N.D. OR UNKNOWN) (15 YES, GIVE WAR OR DA	DATES)
Ę	S AF		Yes IUW I	I 244-16-8188 Dernadine Lowney Job Tittsburgh Am
	or > m −		8 CAUSE OF DEATH (Enter only one con	ause per lige far (a), (b), and (c).) APPROXIMATE INTERVAL
W. PRESTON ST.,	HIN 24 HOU IN ITEM 18. R ALONG V SIT PERMIT. HYGIENE, D	183	PART I DEATH WAS CAUSED BY:	At contact the action of the a
N O	N 24 HO HITEM I ALONG PERMIT YGIENE,	20	HAS G IMMEDIATE CAUSE	DUE TO, OR AS A CONSEQUENCE OF
EST	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	100	Conditions if any, which	01 3
2	ED WITHIN PENCIL IN AMINER A L-TRANSIT ENTA! HY		gave rise to immediate	(b) Chloric hyperlendine cardiovascular.) yrs.
3	UTED WITHIN IN PENCIL IN EXAMINER A RIAL-TRANSIT O MENTAL HY OR REMOVAL	57	couse (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF
301	OR A A A		lying coose lost.	(c)
5,	EXECTOR ICAL		PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTION	ITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
DIVISION OF VITAL RECORDS,	A T S E D M	Z	PHOVETTO	
SEC.	EAL A A E	Ĕ	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
AL		MEDICAL CERTIFICATION		
\ 	MORD WORD HE CH NI OF URIAL	E	DI EXTERNAL CAUSE MAS	YES NO X
9	ATE WENTED BUREN	8		216. HOW INJURY CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR
N O	H O THE	3	CONTRIBUTING CAUSE OF DEATH	P.M. 19
ISI	ERTING ED 1 3 SH 3 SH 3 SH 3 SH 3 SH 3 SH			21e PLACE OF INJURY (ATHOME. 21f. LOCATION
ā	THIS CERI WARDED PAGE 3 SI STATE DEP.	E	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	R. THIS CERTIFICATE SHOWARD THE WORD SRWARDED TO THE CH. S. PAGE 3 SHOULD BE USTATE DEPARTMENT OF STATE DE		AT WORK	
			22a. I certify that I taok charge of the r	e remains described above, held an Autopsy 🔲, Inspection 💹 Inquiry 📈, and in my apinion
	29E-Z		death resulted fram: Natural causes	es Accident , Suicide , Homicide , Undetermined manner ,
	EXAMILE BE WITH WITH ARYLA		70	TITLE (SPECIFY)
	CAL EXA THE CER SHOULD RAL DIR ATH, WI RE, MARY		ACTUAL SIGNATURE V C 1014	A A DATE 16/80
	SH SH ERA			M.D. MEDICAL EXAMINER BIGNED
	W CN CN	-	EXAMINER'S NAME V. C ROSSI	IAN O'DOTVOUAN ADDRESS 21/2 DUNGALK ARE, BALTO, MB,
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BATTIMORE, MA	22.00		
421:	2-40-40	136.0	URIAL, CREMATION, REMOVAL 236. DATE	
7 -	BP	1	Durial 11-	20-80 Lawson Chapel Cem. Toxboro M. Cardina
	DHMH - 17	24.	UNERAL DIRECTOR	AODRESS 102 4 669-1738 259 AVERECTO BY REGISTRAR IN 1881 1980
	(VR A15 ME (5)) 15M 7/77	10	artton C. Shugks	5 103 Huondale Kd. JAN 1 0 1980



FOR

REGISTRAR

- STATE

21207 Fowler Mrs. Elaine D. McKay, 4030 Woodley Rd. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (appropriate death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 1132 N. Rolling Rd., Catonsville, Md. 21228 24 FUNERAL DIRECTOR 1630 Edmondson Ave., Baltimore, Md. 250. DATE REC'D. BY REGISTRAR 256. PGISTRAR'S SIGNATURE DHMH-16 20M Witzke Funeral Home of Catonsville, P.A. 21228JAN (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

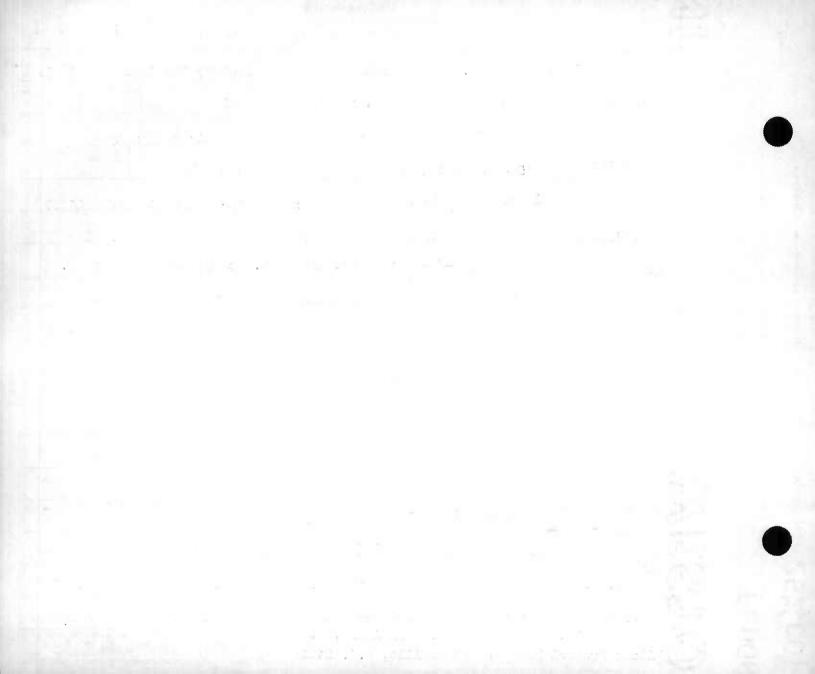
26 HOUR

12b. KIND OF BUSINESS OR

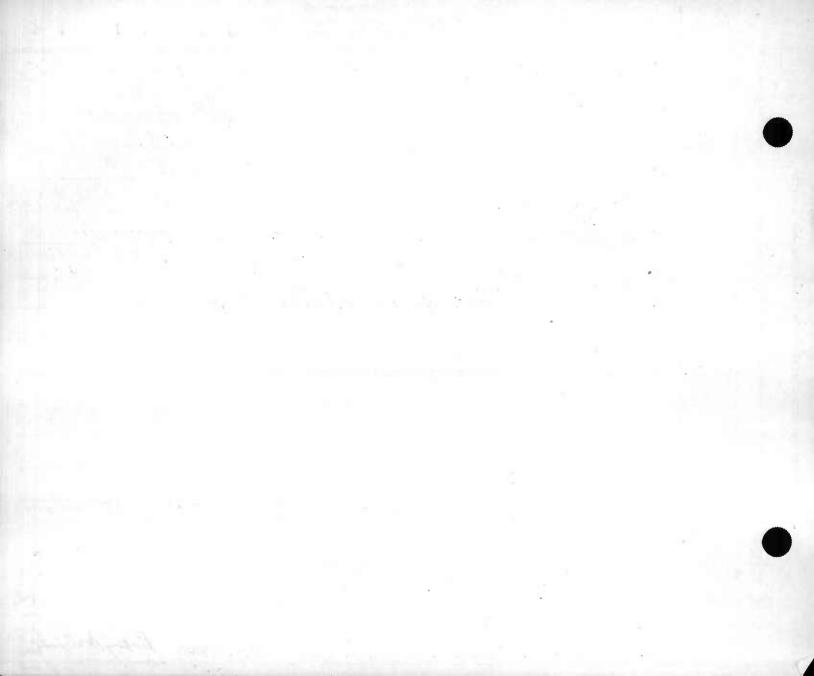
IF UNDER 1 YEAR

INDUSTRY

DAY5



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2e. DATE OF DEATH MONTH (TYPE OR PRINT) 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER 24 HRS YEAR DAYS **HOURS** 3 70. BIRTHPLACE (STATE OR FOREIGN CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED | NEVER MARRIED ado DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR TEACHER WORKING LIFE) INDUSTRY ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 GOUNTY 131. CITY OR TOWN 13e STREET ADDRESS 134 INSIDE CITY LIMITS? 16.500 TMORE YES [NO [14 FATHER'S NAME Lucian 15 MOTHER'S MAIDEN NAME MIDDLE Murtaugh medical 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse tot, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO YES 🗍 NO [Mental Hygie 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK Po 22a.1 certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased olive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTAN 224 PHYSICIAN'S NAME TTYPE OR PRANT 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 230 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN (SPECIFY) 122/80 Pikesville, Druid Ridge Maryland Burial 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAP'S SIGNATURE 1050 York Rd. DHMH-16 20M 1920 (VRA 15, 4) 7/78 Ruck Towson Funeral Home, Inc. Towson, Md. 21204



DHMH-16 25M (VRA 15, 4) 1/79 FOR

REGISTRAR

- STATE

UNDER 24 HRS IF UNDER 1 YEAR DAYS YRS. BALTIMORE CITY OR COUNTY OF DEATH Baltimore 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Ashwood Mr. Nelson Dunahugh, Clear Spring, Md. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Hagerstown, Wash., Marvland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR E. Wilson Blvd., Hagerstown, Md. 21740

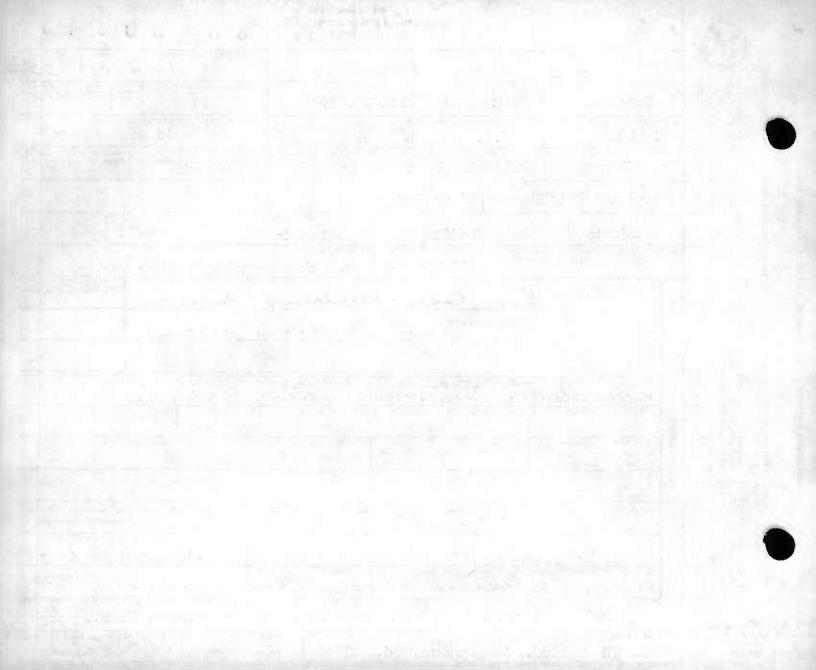
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

2h HOUR



FOR

- STATE

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

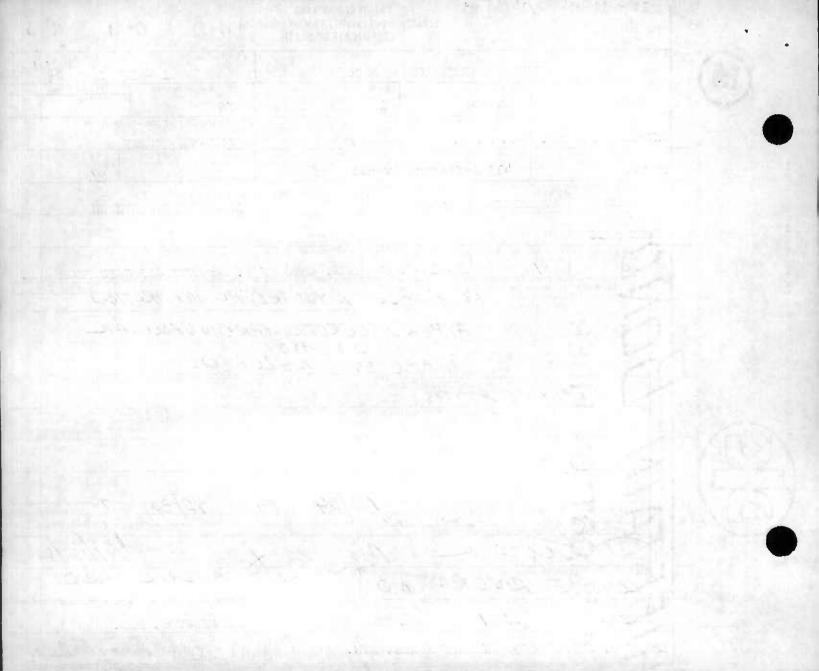
CERTIFICATE OF DEATH

K	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE O REG. NO	0034	5				
or poo	1. DE (TYP)	CEASED NAME FIRST OR PRINT) Shirley	ROLE (udes.	AST E RIPTH	20 DATE OF DEATH A	1980	HOUR M UNDER 24 HRS				
(M)	3.02	femule	white	MONTH		66		OURS MIN				
# # 15 15 15 15 15 15 15 15 15 15 15 15 15	ď	RTHPLACE (STATE OR FOREIGN OUNTRY) 1. Va.	76 CITIZEN OF WHAT COUN	MARRIEI	D DIVORCED	Balto.		MD.				
by the		Woodlawn	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS 1	ROTHER INSTITUTION	(TYPE OF WORK FOR MOST OF LE.C.C.						
in 24 hours bounds be	13a. :	AL RESIDENCE (IF NURSING HOME OR STATE 1.d. 136 COUN	JTY 13c. GITY OR		138 INSIDE CITY LIMITS?	130 STREET APPRESS	ı Rd.					
ompletel ompletel omd 2 s		Toyton	MIDDLE LAST	170	15. MOTHER'S MAIDEN NA	MIDDLE	Le. LL					
be exect on and con and con and con and con and con and con and contact of the co		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNIKNOWN) IF YES, GIVE	WAR OR DATES)	SECURITY NO. 15 6782	17 INFORMANT Lester Alle	n Fudes 1911	Vinder 1d. 2	1207				
KUS, LUI W. PRESION SI., B. aquires that the death certifica is signed by the attending phys. Then please remove corbonpop to bunol, cremation, or remaxinjury, at other fraumatic event,	NO	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	out cell)	Car un om a	8 8	r				
NN. The law re hysicion. irate hos beer tronsit permit 1 Hygiene prior 18 shows any it	DICAL CERTIFICATION		MEDICAL CERTIFICATI	RTIFICAT	RTIFICAT	19a. Date of Operation	196 CONDITION FOR W	HICH OPERATION		20a AUTOPSY? YES NO		S USED DEATH?
HYSICIAN: TI ding physici iss certificate buriol-tronsis Mentol Hygi				21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY	DAY YEAR	21t. HOW INJURY OCCURI	RED JENTER NATURE OF INJURY	(IN ITEM 18, PART I OR PART 2)			
O HOSPITAL OR ATTENDING PRetained by the hospital ar attent TO FUNERAL DIRECTOR: After the should be detached for use as the with the State Dept. of Health and MAPORTANT: If them 21 is marked a	ME	WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) this haspit sow the deceased alive on above (1) two (did) clid no 22b. SIGNATURE	IAT HOME, STREET, FACTORY, OI	om Dece 19 80, on	street 19 78	to James death occurred on the do	and 19 80 , that te and hour and from the cou	GNED				
O HOSPITAL efained by th TO FUNERAL should be deta		22d. PHYSICIAN'S NAME (TYPE OF		VI)	PHYSICIAN 2 22e ADDRESS	Street, Bal	IAN /-31-	21202				
TO HOS! retained TO FUN should be with the IMPORT!	23a	Anne L. Ledo BURIAL, CREMATION, REMOVAL SPECIFY)		23¢ NAME OF C	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE				
BP		burial UNERAL DIRECTOR	Jeb.1,1980			Pockvill						
(VR A 15 (4))	C	. Stansbury	or. 6411 ADDRES	idsor Li	LL Rd.	FEB 1 1 1981) history/10	Cready				

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STATE OF MARYLAND

Item 11 g540 2/14/80 gj



The first of the first beautiful to the first of the firs 5501-81-1 I the wistern the x ARPER SIRAL TENENTS OF THE STREET, AND THE STREET in by the funeral director, page 3 ie filed within 72 hours after death

ond 2 should be filed

injury, or other troumatic event, the

should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prio IMPORTANT: If them 21 is marked or Item 18 shows any

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG.	NO.			
TE OF DEATH	HTMOM	OAY	YEAR	2b. HO

		REGISTRAR					CERTIF	ICATE	OF DEATH		REG. N	0.				
		EASED NAME	FIRST		٨	AIDDLE	i.	AST		2a. DATE		МОИТН	OAY	YEAR	2b. HO	UR
	(TYPE (OR PRINT)	ROB	ERT	G	ORDON	ECK	ERT	, SR.			1	13/	/80	2	:00A
1	3. SEX			4 RACE			S. DATE C		AY YEAR	6. AGE (I	N YEARS LAST BIRT	HDAY)	MONTHS	OAYS	IF UNDE	R 24 HRS
		MALE	199	WH	IT:	E		27/1		6:	5	YRS.		UATS	HOURS	MIN.
1		THPLACE (STATE OR F	OREIGN	76 CITIZEN	1 OF	WHAT COUNTRY?	8	- XNE	VER MARRIED	9. BALTIA	MORE CITY C	R COUN	TY OF DE	ATH		
5		MARYLAND		U.	S.	Α,	WIDOWE		DIVORCED [BA	LTIMO	RE C	OUN	ry		MD.
n.	10. CIT	Y OR TOWN OF DEA	ATH			HOSPITAL, NURSIN		ROTHER	INSTITUTION		AL OCCUPAT			KIND O	F BUSIN	NESS OR
3		WSON		SAIN'	r J	OSEPH HO	SPIT	AL		MEAT	r Cuti	ER	() 1	HOS	PIT	AL
1	13a S'		13h. COUN		UTION,	13c CITY OR TOWN	٧ !	13d. INS	IDE CITY LIMITS?	13e. STREI	ET ADDRESS					
>	M.	ARYLAND	V	,-	-	BALTIMO	DRE	YES X		1	5 KAVO	N A	VE.	21	.206	5
	14 FA	THER'S NAME		AIDDLE		LAST		15. MOT	HER'S MAIDEN NA	AME	WIDDLE			LAST	7	
)	G:	EORGE]	ECKERT		M	ARY	JI	EANETT		BC	DRCH		5
)		AS DECEASED EVER	IN U.S. ARA			166 SOCIAL SECUI	RITY NO.	17. INFO	RMANT		ADDRE	SS				
1	N	0				215.09	6884	D	ELORES	K. EC	CKERT-	-Sar				
-		18 CAUSE OF DEAT			se per	line for (a), (b), and	(c),)	FOR	35/10/10/10					APPROXI	MATE INT ONSET AN	ERVAL ID DEATH
ì		PART I. DEATH W			0)	Cardio-	resp	irat	ory arre	st						
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Ŋ		Conditions, if any		(b)	Metastas	es t	o th	e brain;	Rend	al Fai	lure				
	1.01	gove rise to imi	ng the)		R AS A CONSEQUE			cinoma				i_			
Ę		underlying couse	e lost.	(,	c)	arvi ret	enti	on—	CITIOMA C	71 (11)	Tung	, 01.			-	
	7	PART 2. OTHER SIG	NIFICANT C	ONDITIO	NS CC	ONTRIBUTING TO D	EATH BUT	NOT REL	ATED TO THE TERA	MINAL DISE	ASE OR CON	DITION G	IVEN IN	PART 1(c	31	
	CERTIFICATION									1		Tool IF V	FE 11150	FFRIDA		
)	N S	19a DATE OF OPERA	TION	19b. C	ONDI	TION FOR WHICH	OPERATIO	N WAS P	ERFORMED	20a AL	JTOPSY?	IN CERT	ES, WERI	CAUSES	OF DE	ATH?
	E			031 7	WE 0	e INTINIBO		121. 110	W INJURY OCCUP	YES [YES [NO	
		210. ACCIDENT WAS UN		110		FINJURY M. MONTH DA	Y YEAR	ZIL. HO	W INJURY OCCUR	KKED (ENTER	NATURE OF INJU	IT IN HEM 18	S, PART LOR	PARI 2}		
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P	MED	21d. INJURY OCCUR				OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)		TREET		CITY OR TO	MM	CO	YTAU		STATE
			ORK				TARTIT	A TOST	7 19.80	T	ANIIAR	77 4 7	0	<u> </u>		
		22a.I certify that (X					AIVU	nd that in	() (our) opinion				., 19_8			(we) lost
		22b. SIGNATURE	did) (did) of) view the	body	ofter death.		DEGREE						2c. DATE :		
		ale	mi	1	0.	tons	nin	w	ATTENDING PHYSICIAN	MEDICA	AL STA			1-13		
		22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)				22e. AD		- DIRECTO	OK FIIISK	TOTAL EN		ltir		
	200	Alfo	nso G	. So	ric	no, M.D.		Sai	nt Josep	oh Ho	spital	.Inc		ryle		
-	23n B	URIAL CREMATION					IAME OF C		OR CREMATORY			,		204		

DHMH-16 50M 7/77 (VR A 15 (4))

CREMATION 1/14/1980 24. FUNERAL DIRECTOR

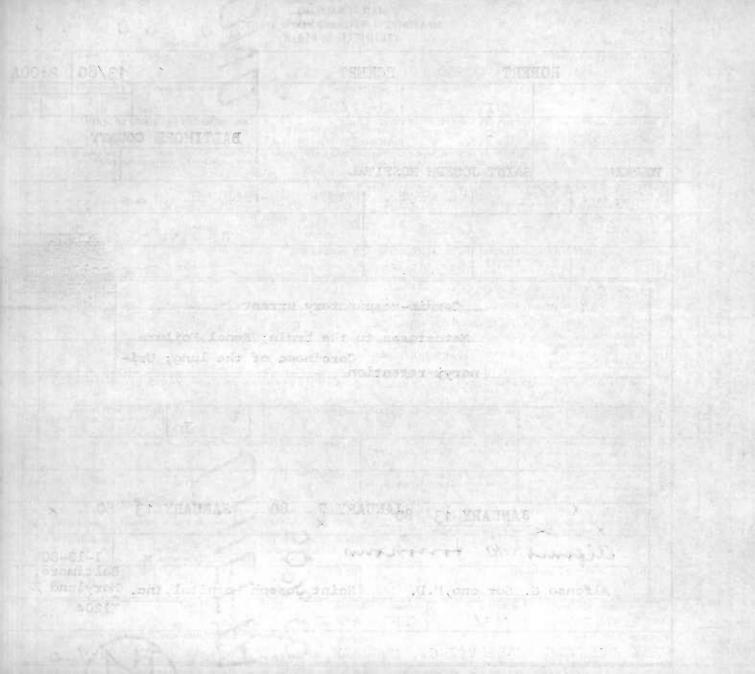
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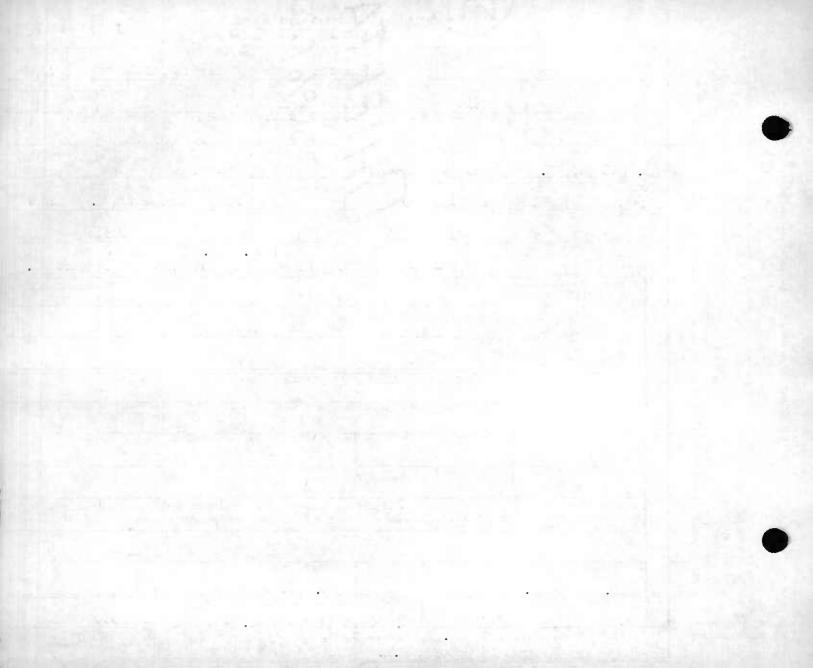
MD.

BROOKS BRADLEY INC., DUNDALK, MD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



-		1			STATE OF MARYLAND					
	2	1	FOR STATE	DEPAI	RIMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE O O O	3 4 9			
		1.0	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 75 HOUR			
	e wŧ - «		E OR PRINT)				20 1100K			
	moy be		Mary		Edrington	January 3, 1980	6:00A M			
	offer a	3. SE		4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	The state of the s	NDER 1 YEAR IF UNDER 24 HRS			
	90		Female	white	September 7, 188					
	erol di 72 hai	100	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? Legal Separation	BALTIMORE CITY OR COUNTY OF	DEATH			
	e		Maryland	USA	WIDOWED DIVORCED	- Darboniore Comm				
10	by the f filled with		t. Wilson. Md.	111. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR MOUNT WILSON			126 KIND OF BUSINESS OR INDUSTRY			
212	De n	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION)					
BALTIMORE, MARYLAND 2120	ly filled should be	Me		timore Villa N		7102 Queen Anne	Rd. 21207			
ARY	with plete		FIRST	MIDDLE LAST	FIRST	MIDDLE	IAST			
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ORI	and co			IVE WAR OR DATES)	But					
TIN	rs. Pe		Vo I	216-32-		Edmngton 7102 Que	en Anne Rd.			
BA A	rote nysic nope bvall.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for (o), (b), SED BY	and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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ON	ndin cork		4/49 DUE TO, OR AS A CONSEQUENCE OF							
EST	deat otter atian,		Conditions, if ony, which (b) I Schemic West duline							
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	thot I		underlying couse lost	((c) San	nolysema,					
35, 20	quires signed hen pli na buri	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVEN I	N PART 1(o			
ORI	reen ior i	CERTIFICATION	19a DATE OF OPERATION	106 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WI	ERE FINDINGS USED			
REC	n. n. nas b ne pr	5	THE DATE OF CITERATION	The CONDITION TOR WITH	CHOLEKAHON WAS LEKTOKMED	IN CERTIFYING	G CAUSES OF DEATH?			
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<u>~</u>			OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	CORRED (ENTER NATURE OF INJURY IN HEM 18, PART I	ORPARIZ)			
Z	SIC ng cer cer cer mining	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED		19 2W LOCATION					
DIVISION OF VITAL RECORDS, 201	uG PHY attendi fter this os the bu h and M	MEC	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
_	NDIR Lor Wee Health		22a.1 certify that 🎁 (this has	pital) attended the deceased from		19 to TANVARY 3 19	80 , that dis (we) lost			
14-15	prito CTO for aft		saw the deceased alive a	Tanuary 3	80 , and that in (our) opini	ion death occurred on the date and hour and	d from the couses stated			
	OR A DIRECTOR		226. SIGNATURE	/ // /	DEGREE		22. DATE SIGNED			
	J + J + 6		You, 4.	Sulgel.	ATTENDING PHYSICIAN		1/9/20			
	SPIT.		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		11/2			
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1 1 2 .	Of of Short A	230	Dr. Edward W	V. Schaeter 123b. DATE 23	NAME OF CEMETERY OR CREMATOR					
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10-1	Dr		Burial UNERALDIRECTOR 8728	1/5/80 M	t. Zion Methodist	Ch. Finksburg Carro				
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	- 1 - 17	Lo	ring Byers Fune	eral Directors,	P.A. 21133 JA	MY 7 0 1300				



STATE OF MARYLAND

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1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGICATE OF DEATH	IENE 8 0	003	5 0
	ECEASED NAME FIRST	WIDDLE	L	AST		MONTH DAY YEAR	2b HOUR
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3.5	Elmer	J. I	MERSOI 5. DATE C		January 20		a
3.5	Male	White		. 25,1924 ^{AR}	55		YS HOURS MIN
7a. I	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
ON	dinnesota	U.S.A.	WIDOWE		Baltimore	e County	A
7	Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Franklin Squ	are H		TYPE OF WORK FOR MOST OF Electron	ON 12b KINI FWORKING LIFE) INDUST IC Techni	of Business O RY .cian
150	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY BALT	TOTHER INSTITUTION GIVE RESIDENCE BEFORT TO VITY OR TOVER THE BALTING	ore admission) ore	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 3338 Jo	ppa Rd.	
14 F	FATHER'S NAME			15 MOTHER'S MAIDEN NAM	ΛE		
30	Joel	L. Emerson	n	Frances	S.	Wh	ite
16a	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE		
/ -	(YES, NO OR UNKNOWN) (IF YES, GIVE	2 242-20-	-0220	Anna M. Em	erson, Sa	me As #13	
NO	couse 101, stating the underlying couse last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOL		NOT RELATED TO THE TERMI	IN AL DISEASE OR CONI	DITION GIVEN IN PART	1(0)
CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
-	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	410	DAY YEAR	21c. HOW INJURY OCCURR	YES NO	YES	NO []
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	220.1 certify thotal (this hospi sow the deceased alive an above XI) (we) (did) (dXXI) 22b SIGNATURE	view me body difer deam.		DEGREE		ote and hour and from t	L, thofXI) (we) li the couses stated TE SIGNED
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	Dr. Edward St	and the second second		9000 Frankli	n Square Di	rive 2123	7
23a.	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	Burial	1-23-1980	Li	nganore	Unionvi	lle.Frede	rick. M

DHMH - 16 50M 1/76 (VR A 15 (4))

Charles W.Burrier, Jr., Sykesville, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

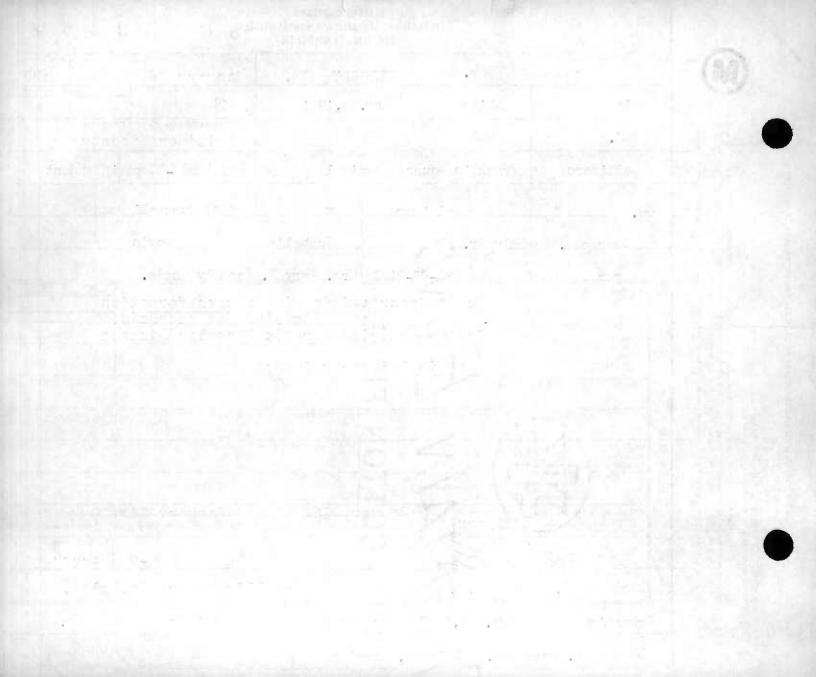
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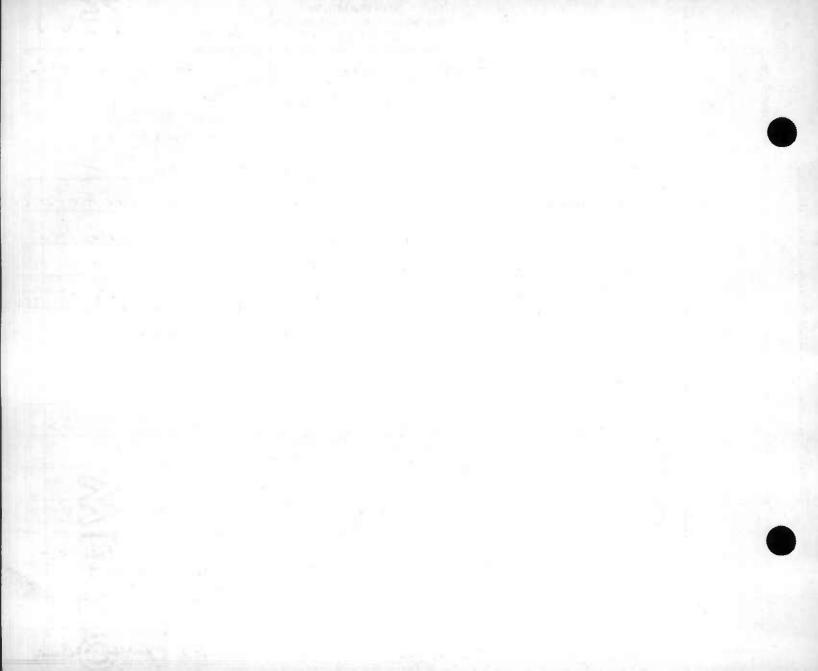
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			I DEC	CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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	(歌)		3 SEX		4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRT	HDAY] IF UN	NDER I YEAR	IF UNDER 24 HRS
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	the funither det	Ophined	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		26. KIND OF	F BUSINESS OR
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MARYLAND 21201	within etely 3.2 sh	mine ~	14 FA	THER'S NAME	AIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME	100/25	LAST	
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I W	S. Pool	med.		VNK	2 13	038916	MARY	EWERS		ABO	
BALTIMORE,	ficate physicac paper naval.	, #		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b	o, and (c)				BETWEEN O	MATE INTERVAL
ST.,	a b	eve			E CAUSE (o)	RDIAL	ARREST				
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EST	dea	uno.		Conditions, if ony, which gove rise to immediate	(b) AR	TERIO S	CLEROTIL CAT		LAR	Service Co.	
> ×	the sh	i e i		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EOUENCE OF	DIENTE		7 7000		
10	that that dealer and by the fease incl. cre				((c)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON	signe Then p	V	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 10	3
O.	9 0	_	ATIO	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	IN WAS PERFORMED	20g. AUTOPSY?	20b. IF YES, WE	FRE FINDIN	GS LISED
SEC.	n. nos b	9	FIC,	THE DATE OF OFERATION	The Condition of Wi	TICH OF EKANO	WASTERI ORMED		IN CERTIFYING	G CAUSES	OF DEATH?
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ā	Or	E DE		220. certify that (I) (this haspit	al) attended the deceased fr	nm		to	19_	- 1	that (1) (we) last
	TTEND pital o TOR: /	2	-14	saw the deceased alive an			nd that in (my) (aur) apinion (
	R A has has hed hed hed	E a		obove, (I) (we) (did) (did no 22b. SIGNATURE	view the body offer death.		DEGREE			22c. DATE S	SIGNED
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41	O 2 543	₹		URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
1	BP		(:	BURIAL	1/31/80	5 ARD	ENS OF SAIT	H BAL	79.	MD	STATE
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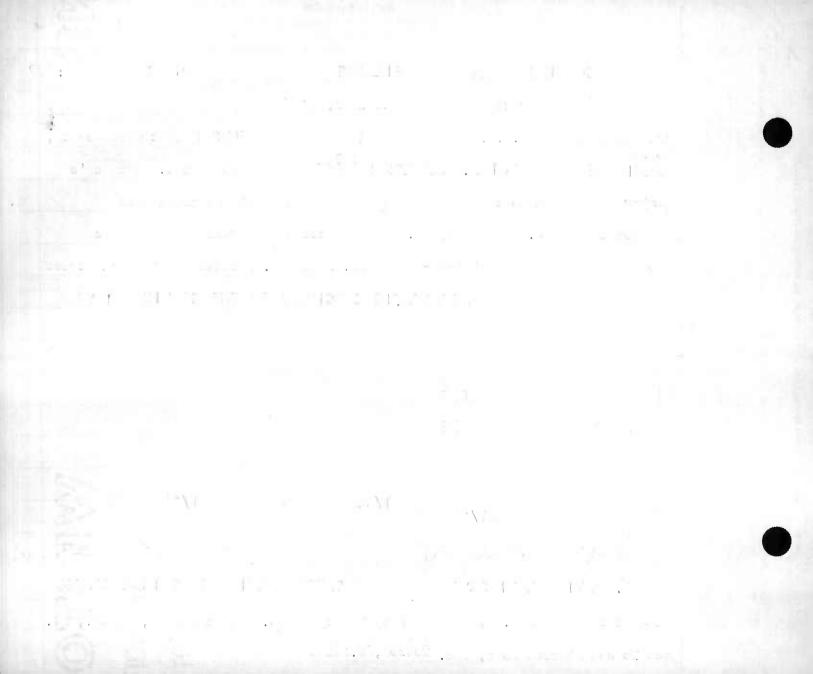
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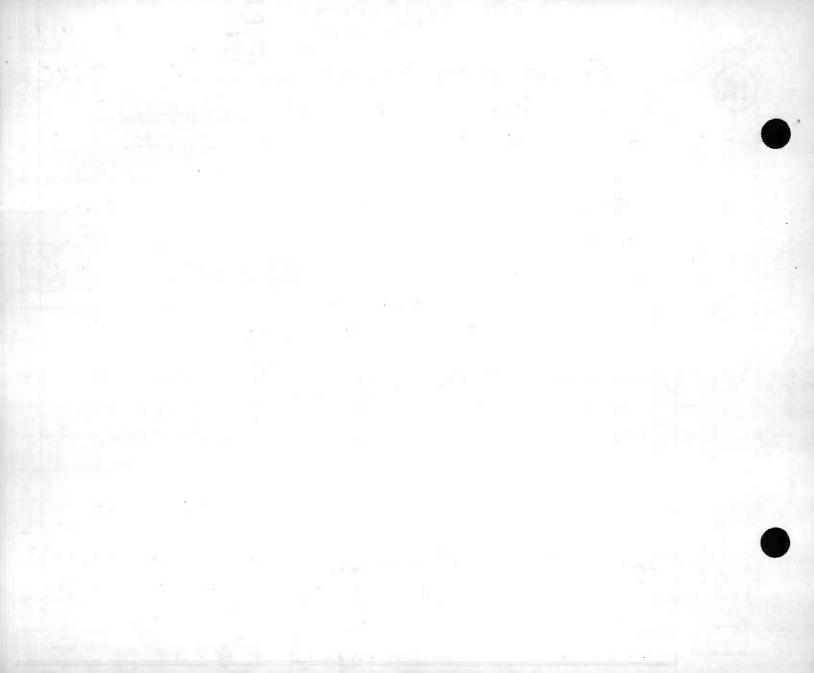
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 1035 Dorothy PRACE 1 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR AF LINDER 24 MR MONTH YEAR 22 1890 7a. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** DCOUNTRY) MARRIED NEVER MARRIED BALTIMORE assadena WIDOWED X DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltmore 1103 Rolandvue 21204 HOUSELMFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 1134. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1103 Rolanduce Ave Baltmire 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1103 Rolandone LIF YES GIVE WAR OR DATES! Leitkam NIA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I, DEATH WAS CAUSED BY: ardiac 2-3 mimute IMMEDIATE CAUSE (0 me ocardial december tron, old age Conditions, if any, which gove rise to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 ERTIFICATION tecioscle 2000 20a AUTOPSY? 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO PK YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE NIA NA 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (I) (we) (did) (did not) view the body ofter death 221. DATE SIGNED 22h SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 220 ADDRESS The 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should b 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY STATE 1/22/80 Removal 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS **DHMH-16 20M** (VRA 15, 4) 7/78 Anatomy Board Balto., Md.

STATE OF MARYLAND





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR ITYPE OR PRINTI Ruce ances MNESS DATE OF BIRTH 34 & AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 95 HOURS Ja. BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Imo RC DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II. CITY OR TOWN OF DEATH 12e. USUAL OCCUPATION 12h, KIND OF BUSINESS OR IE NOT IN SUCH FACILITY, GIVE STREET DODRESS) Homemaker Home rulson USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TOUNTY 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 4549 Shamrock Ave. 10 1011012C NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT [YES, NO OR UNKNOWN] I (IF YES, GIVE WAR OR DATES) no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF ascular disease eriphera Conditions, if ony, which gove rise to immediate couse 101, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 prior ony 190 DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? the burial-transit per and Mental Hygiene NO NO [] YES [] shov 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.l certify that (1) (this haspital) attended the deceased on saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter de 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto with the State [DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: TTE PHYSICIAN'S NAME GYPE OF PRINTL 22e ADDRESS 0 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Balto., Md. STATE New Cathedral Cem. PATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNATURE 213 eg, 24 FUNS CHIEFFICH EN Funeral 3331 Brehms L Balto.Md.2121 DHMH-16 20M (VRA 15, 4) 7/78 Home, Inc.



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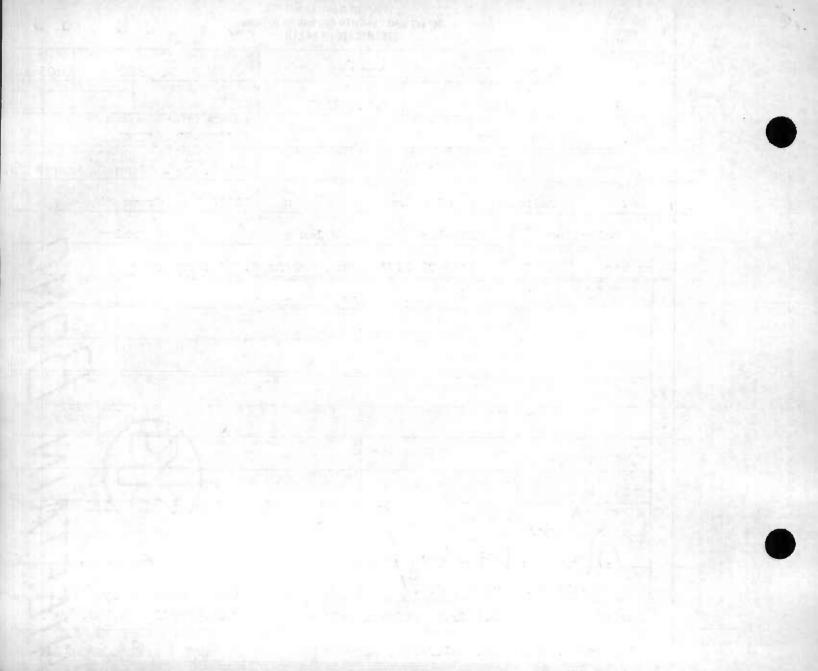
REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭

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STATE OF MARYLAND

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FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS VERESTON STREET,	3. SE	èmale	White	oct. 2	YEAR LAST BIRTHD	ARS IF UNDER		24 HRS. 2c. DA MIN. PRONO DE	UNCED	MONTH /	3 19 SC	2d. HOUR
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DEATH, WITH THE ST AORE, MARYLAND, 213	70		y that I took charge		scribed above, held an Accident , Su	Autopsy icide	Hamicide TITLE (SPECIFY)	Indetermined	manner .	DATE SIGNED_	1/3,	180
PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYLAN	4-	EXAMINER'S (TYPE OR PRII	VI) _ Char		O'Donnell					lto.M	ID 212	204
7448	(Bu Bu	rial 23	1/7/80	23c. NAME OF CEA	ridge		23d LOCATION CITY OR TOWN DOT'S		ward	-Mary	rate yland
HMH - 17 A15 ME (5)) SM 7/77	24. F	uneral direct	ick Inc.	7922 W	Md 21 ise Ave.	222 Dundai	lk IAI	REC'D. BY REGIST	46.5	ST AR'S SI		

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 7n DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 5',000 Carl Glenrov Francis 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 MR MONTH YEAR DAYS HOUR5 Male White 1900 7g. BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED COUNTRY TISA Marvland Baltimore County WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cub Hill Satvr Hill Road Florist self-employed DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13r. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 8739 Satyr Hill Road Maryland Cub Hill NO DE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME WIDDLE LAST FIRST MIDDLE Charles G Francis Rhoda James ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Elizabeth W. Francis 8739 Satyr No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line fage PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110: CERTIFICATION 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? NOF YES | NO I burial-transit p 710. ACCIDENT WAS UNDERLYING 716 TIME OF IN IURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHEE 27s.1 certify that (In this haspital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated mid not) view the bady ofter death 776 SIGNATUR DEGREE MEDICAL ATTENDING STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d, PHYSICIAN'S NAME (HIT OF PRINT) 22e. ADDRESS Rafel Perez-mera, M.D. 5400 Old Court Road 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 19/80 Lake View Mem. Park Sykesville Baltimore Md. BP 24. FUNERAL DIRECTOR 250. DATE REGID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) 7401 Belair Road Lassahn Funeral Home

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Balto., Md.21213.JAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

(VR A 15 (4))

Home, Inc.

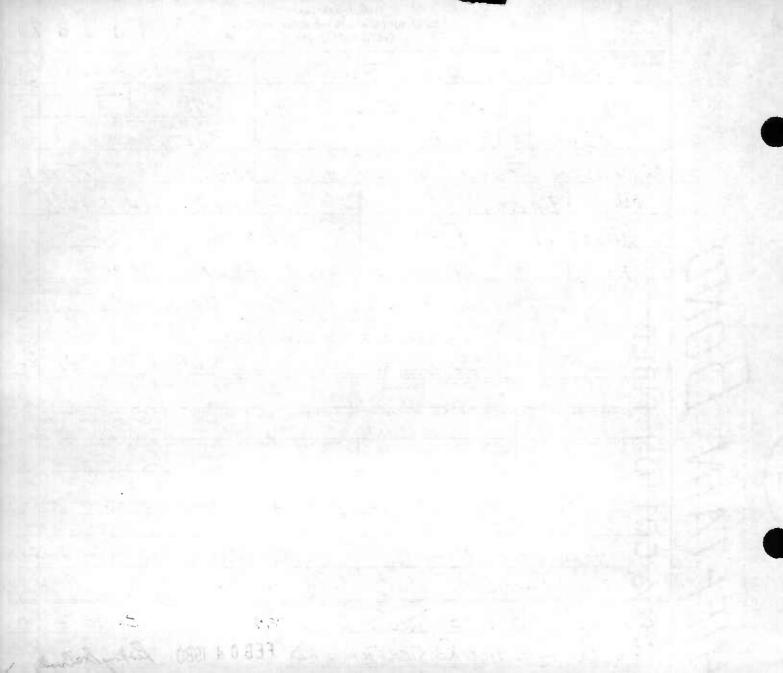
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) Fulton Davis Franklin DEATH MATED 1/18 19 80 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAYS PRONOUNCED 10 80 18 a . M Oct. 14.1897 DEAD 82 YRS male White Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TE BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland USA WIDOWED [DIVORCED Baltimore County PAGE 5 E FILED, 301 W. IN CITY OR TOWN OF DEATH 20. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! A PM 3. RETAIN PA Essex Engineer EastBoundRt#40 & Martin Blvd. USUAL RESIDENCE (IF IN NURSING HER OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Naryland 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 418 W. Favette St. YES A NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PM 3 LAST Charles Lee Fulton MIDDLE Maria Davis 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 200 Stanmore Rd. YES NO, OR UNKNOWN) 218-05-1352 Frederic F. Hinze Baltimore, Md. 21204 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH AL EXAMINER ALONG 'BURIAL-TRANSIT PERMIT. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO T PRIOR TO BURI 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL :45_{XX} 19 80 pedestrian struck by automobiles CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION 21d. INJURY OCCURRED Essex area street, Factory, Farm, etc.)
roadway WHILE AT WORK XX STATE 21201 P EastboundRt#40&MartinBlvd.Baltimore Co.MD XX DIRECTOR: 1 Autopsy 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE
BALTIMORE, MARYLAND, Z XX Suicide Hamicide Undetermined manner death resulted fram: Accident TITLE (SPECIFY) ACTUAL 1/18/80 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE Burial Friends Burial Ground 25.1980 Baltimore 24. FUNERAL DIRECTOR 6500 York Rd. **DHMH - 17** perfory/Kalready VR A15 ME (5)) Mitchell-Wiedefeld Home, Inc. Balto., Md. 15M 7/76

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/ A	D		STATE OF MARYLAND
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	J		REGISTRAR CERTIFICATE OF DEATH
			CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 28 HOUR
	ge 3	(1107)	HAROLD H. FUNK 1-29-80 455m
	A D D D D D D D D D D D D D D D D D D D	3. SE	
	Poge 4		WHITE JUNE 25, 1901 78 YRS. MONTHS DAYS HOURS MIN.
	d P	70 B	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
	Jeort Jun 7		MD. U.S.H. WIDOWED DIVORCED BALTO. CO. MD.
	he for within within	10 6	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 112b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUREDRY
103	by the filed	15	ANDALLSTOWN BALTO. CO. GEN. HOSP. ENG. NETIRED
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RYLAND 21201	withir	14. F/	ATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST
₩ W	ond mple		William MIDDLE FUNK FIRST UNKNOWN
	d co	16a \	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (45, NO OR JUNKNOWN) (18 YES, GIVE WAR OR DATES)
BALTIMORE,	n and c	,	NO 216-07-743/ MARY E. FUNK SAME
ALT	ficate b obysicia papers naval. ent, the		18 CAUSE OF DEATH (Enter only one cause per line for pt), (b), and (c)
ST., B	T		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 arter of Sclerotic heart disease.
Z	ding brbbi		4140 DUE TO, OR AS A CONSEQUENCE OF WITT Great freiling years
STO	death ce attendin ave carb stian, ar roumatic	13	Conditions, if any, which (b) Dayk ngow's dyease Reas
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DIVISION OF VITAL RECORDS, 201 W. PRESTON	ned ples		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1/o
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Ō	beer mit.	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? 206. IF YES, WERE FINDINGS USED
88	hos hos	Ĕ	IN CERTIFYING CAUSES OF DEATH?
1	SICIAN: The physicic certificate certificate in all Hygie ental Hygie ltem 18 sho	1	218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
90	rysicial ding ph is certific buriol-tr Mental in Item 1	A.	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
O	din din Me	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION
VISI	G PH orthographics orthographics street orthographics wed orthographics	₹	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
٥	DIN or Aft Se es mor mor		220.1 certify that (1) (this haspital) pattended the deceased from 1 = 24 = 1980 to 1 = 29 = 1980, that (1) (we) lost
	TEN TOR or u		saw the deceased give on 1-24-19 Se and that in [my] (aur) apinion death accurred on the date and hour and from the causes stated
	OR AT		abave, (1) (we) (did) (did natiview the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED
			Sounched Hong ATTENDING MEDICAL STAFF 1-29-80
	HOSPITAL ned by the FUNERAL side be detailed be detailed by the State ORTANT:	1	22d. PHYSICIAN'S NAME (TYPE OR PRINT)
	TO HOSPITAL TO FUNERAL should be der with the State		SOON CHILL HONG BUTTONE POUNTS CONCER HOSPIL
	short with	230 5	BURIAL, CREMATION, REMOVAL 1236, DATE 236, NAME OF CEMETERY OR CREMATORY 1236, LOCATION 1
400	C D D	×1	CITY OR TOWN CITY STATE
10%	→ BP	24 FI	SURIAL 12-1-80 DRUID RIDGE CEM, DALTO G. MD. JUSTIAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
·	OHMH - 16 50M 1/76 (VR A 15 (4))	1	VEWELL F. H. 1100 REISTERS TOWN RD FEB 0 4 1980 Rute han
			The field of the state of the s



FOR

136 COUNTY

Baltimore

STATE OF MARYLAND

DEBADTMENT OF HEALTH AND MENTAL HYGIENE

& AGE LIN YEARS LAST BIRTHDAY)

IF UNDER 24 HIRS

HOURS

12b. KIND OF BUSINESS OR

Private Club

APPROXIMATE INTERVAL

REG. NO. 20. DATE OF DEATH MONTH JANUARY 15, 1980 4:10am

IF UNDER 1 YEAR

INDUSTRY

STATE REGISTRAR		PEI ARTI	CERTIFICATE OF
1. DECEASED NAME {TYPE OR PRINT}	FIRST	MIDDLE	LAST
	EDWARD	Stephen	FUREDY
3. SEX	4 RACE		5. DATE OF BIRTH

4. RACE 5. DATE OF BIRTH MONTH White Feb. 8.1894

VEAR

YES [

13d. INSIDE CITY LIMITS?

NOXX

15. MOTHER'S MAIDEN NAME

DEATH

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY

To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Hungary WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SAINT JOSEPH HOSPITAL TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE
1134. CITY OR TOWN

17ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Manager 13e. STREET ADDRESS

100 Estes Rd.

MIDDLE

LAST

14. FATHER'S NAME Frank Furedy

YES, NO OR UNKNOWN)

Male

Maryland

CERTIFICATION

WEDICAL

8

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

LAST

13c. CITY OR TOWN

Hurstleigh

578-03-6340

166 SOCIAL SECURITY NO

Josephine Zmarr 17 INFORMANT

Mrs. Mary Lyle Cobb

ADDRESS Same

١	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	CO DV					
ł	IMMEDIA	TE CAUSE (0)	Cerebral	vas	cular	accident	
I	4029		R AS A CONSEQUE				1.
	Conditions, if any, which	(b)_	Hypertens	sive	card:	iovascular	disease
	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF			

underlying cause lost.

Diabetes mellitus, Uremia, Renal failure

9a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

71b. TIME OF INJURY

220 I certify that ((this hospital) attended the deceased from December saw the deceased along on January 15 19 80 , and that

20a AUTOPSY? NOM 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [

71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

214 INJURY OCCURRED

22b. SIGNATURE

HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE and that in (**) (our) opinion death occurred on the date and hour and from the causes stated

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 7620 York Road, Towson, MD

H. ESCACANTE, M.O. 230 BURIAL CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION

profory Malread

Burial 24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home, Inc.

saw the deceosed alive on January 15 above. M (we) (did) (a Way) view the bady after death

an. 18,1980

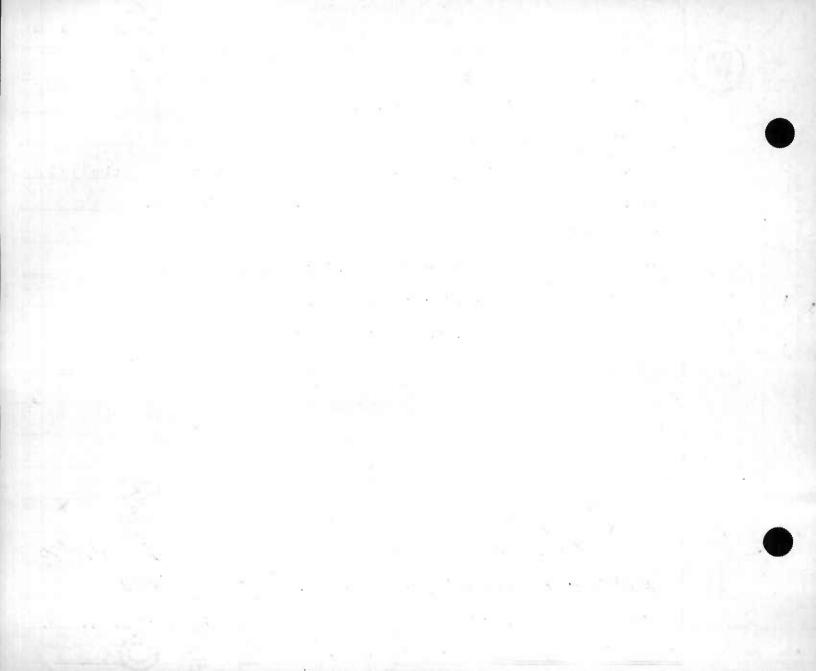
Druid Ridge 6500 York Rd. Balto., Md.

Pikesville, 250. DATE REC'D. BY REGISTRAR 256. REGISTEAR'S SIGNAPLIRE.

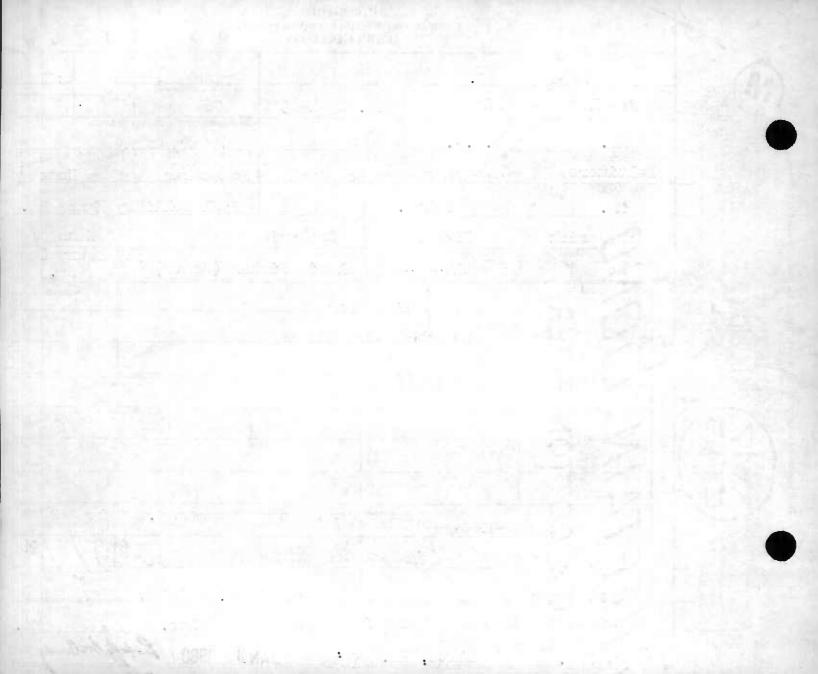
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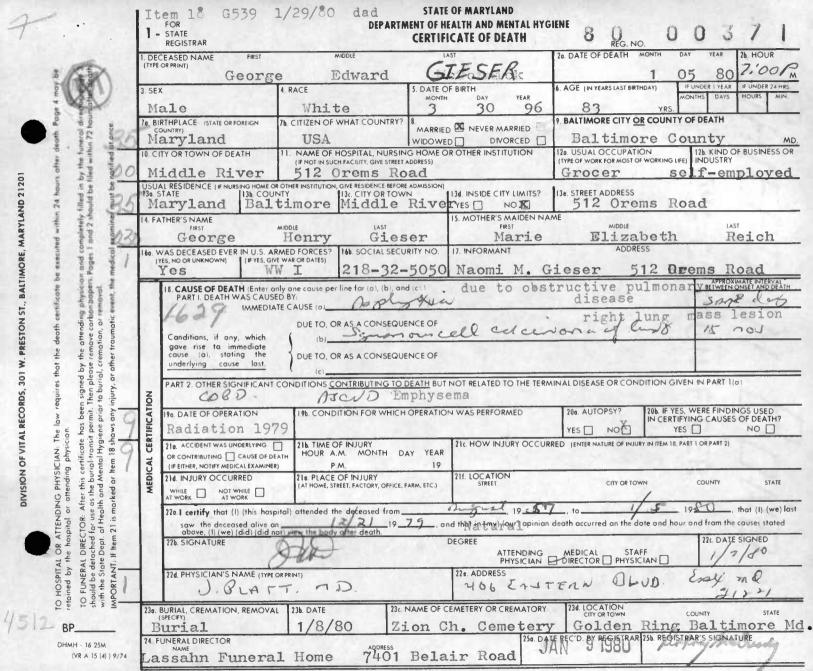


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME YEAR 26 HOUR TYPE OR PRINTI Helen GARTNER January 4 RACE DATE OF BIRTH IF LINDER I YEAR Oct. Female White 25 1963 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Md. WIDOWED X Baltimore County CITY OR TOWN OF DEATH 12h KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Franklin Square Hospital Homemaker Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. 9521 Holliday Manor Rd. Md. NO IX 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Frederick Catherine Hahn Biener I MAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 9515 Dawnvale (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-46-0294 Gloria Fisher (dghtr) no Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiopulmonary arrest IMMEDIATE CAUSE (g) DUE TO OR AS A CONSEQUENCE OF Congestive heart failure Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED p IN CERTIFYING CAUSES OF DEATH? the burial-transit per and Mentol Hygiene NOT 18 shov 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OR TOWN COLINTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a. I certify that (X (this hospital) attended the decessed from December nber 28 , 19-79 , to January 1 , ond that in (mx (our) opinion death occurred on the date and sow the deceased alive on January obove, (1) (we) (did) (Marot) view the body 22c DATE SIGNED 226 SIGNATARE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS should b Michael Koeger 9000 Franklin Square Drive 21237 23g. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE Burial Lorraine Park Balto. Md. 250. DATE REC'D. BY REGISTRAR Schillinek Funeral 9705 Belair Rd. Balto. Md. 2123 DHMH - 16 50M 1/76 (VR A 15 (4)) Home, Inc.



6	2		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	-	1-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1
			CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 25. HOUR
	西南北省市	(141)	HELEN ELIZABETH GERMAN DEATH MATED & 1/13 1980 AM
	A PER	3. SE	
	S S S S S S S S S S S S S S S S S S S		11/2/11 60 YRS. DEAD 1/13 1980 PM
-	33 ES- C	7a. B	IRTHPLACE (STATE OR TO BE CITY OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 1. BALTIMORE CITY OR COUNTY OF DEATH
	四部 1/2	10.0	WIDOWED DIVORCED BALLE, COUNTY MD.
	SEC HOL	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY)
	D. R. D.	USIL	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
21201	IF ANY DE C. AND 3 TO SHOULD BI SECORDS	13a. S	TATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS PLADICLUS PL
MD. 2	Y NA	14. F	ATHER'S NAME FRST MIDDLE LAST MIDDLE LAST MIDDLE LAST
Æ, A	DE OF VIT		V. CROCKER VAK
WO	FTER DE FORM FORM ON OF		NAS DECEASED EVER IN U.S. ARMED FORCES? ES. NO. OR UNKNOWN) (IF YES, BIVE WAR OR DATES) 215 10 2032 OSCAR J. GERMAN ABOVE
ALT	URS AFTER DE B. GIVE PAGES WITH FORM C. PAGES 1 AN DIVISION OF		
11,		4	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:
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RESTON			Conditions, if ony, which
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301	B X A X &		lying cause lost.
	200145		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
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SION	SHOULD THE REPART	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION
DIVI	IS CE RRITIN NRDE SE 3 SE 3 TE DE	ME	WHILE ONT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	R. THIS RWAR PAGE STATE	8	
	- C AV 111		
	EXAMINE CERTIFICA ULD BE FO DIRECTOR WITH THE		deoth resulted from: Natural causes Accident Suicide Hamicide Undetermined manner ITITLE (SPECIFY)
	MAR	-	SIGNATURE M.D. DEFINI MEDICAL EXAMINER SIGNED 13/80
	MEDICA CUTE TH SE 4 SH FUNERA ER DEAT		
		ed.	EXAMINER'S NAME K.S. MHLJ WHLIM ADDRESS 2112. Dundalk HV Balt 21222
	PAC EXE	23a.E	URIAL, CREMATION, REMOVAL 23b. DAJE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE
4516	BP	24.5	BURIAL 1/6/80 HOLLY AILL BALTO, IND UNERAL DIRECTOR 1250. DATE REC'D, BY REGISTRAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	24.1	NAME ADDRESS SALT 7 1000 Fasta ADDRESS
	15M 7/77		J.L. CONNELLE 300 MACE JANI (1980) MAGINETING

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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Catonsville, Md.

STATE OF MARYLAND

FOR

MacNabb Funeral Home

(VRA 15, 4) 1/79

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6	1,	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	. , . , 2
	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH O	5/4
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 25 HOUR
EET,		ARCHI	E ST. CLAIRE GODFREY DEATH MATED A 1.	-261980 AM
PLEASE FOLOR FOLOR STREET	3. SE	X 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS I DAYS HOURS HOURS PRONOLLINGED	DAY YEAR 24. HOUR
		mu	12-16-1902 '7 TYRS. HOURS MIN PRONOUNCED DEAD	-26 19 80 7.20 M
PRESTON		IRTHPLACE (STATE OR DREIGH COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTIMORE CITY OR COUNT	
		IOWA	USA WIDOWED DINORCED BALTO, C	SUNTY MD.
SE SI WE SI	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (IFE)	126. KIND OF BUSINESS OR INDUSTRY
DELAY IS TO THE R V PAGE BE FILED, SS 301 W		ESSEX	905 BARDEN DR	APT
	USU 13a. S	AL RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY I 36. CITY OR TOWN I 36. INSIDE (ITY LIMITS? 136. STREET ADDRESS	
21201 E ANY SHOUL RECO		M D. 136. COUN	ALTO ESSEX YES NOBY 905 GARDE	N DR
O T . NA	14. F	ATHER'S NAME FIRST	MIDDLE LAST IS. MOTHER'S MAIDEN NAME	LAST
RE, MI		ALBERT	GODFREY MASSIE KASKADOR	
	160.	WAS DECEASED EVER IN U.S. AR	WAR OR DATES)	OR
BALTIMORE, URS AFTER DE S. GIVE PAGES WITH FORM PAGES 1 AN DIVISION OF		unis		64 SIONEY
280		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	nly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON ST., IN IEM 124 HOL IN IEM 188 IN PERMIT HYGIENE, I	19		TE CAUSE (0) Muli Tyolararal on Jarch).
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
W. PREST D WITHIN ENCIL IN AMINER A TRANSIT ENTAL HY REMOVAI		gove rise to immediate	(b) More Coroning the line	***
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RECC ID B PENIE MEAL REM	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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OF VITA OF VITA OF VITA E WORD THE CH TID BE UN ARIOT OF BURIAL	ERT	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PAR	YES NO
ONO THE TO THE HOULE ARTIME		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR	,, 2)
CERTIFICATE SITING THE WOID THE WOID THE WOID THE WOID THE WOID BE 3 SHOULD BE EDEPARTMENT PRIOR TO BURIL	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
DIVIS THIS CER WRITING WARDED PAGE 3 S TATE DEP	ME	WHILE NOT WHILE C	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	UNTY STATE
W . W .				
		Appropriate the second	ge af the remains described obove, held on Autapsy 🔲, Inspection 🔯, Inquiry 🔯, ond in my op	inion
ME B B E E		deoth resulted fram: Notu	rol causes . Accident . Suicide . Homicide . Undetermined manner .	
L EXAN COULD B OULD B H, WITH MARYL		ACTUAL LE	TITLE (SPECIFY) DATE	1/26/80
CAL THE SHC SATH RAL		SIGNATURE	M.D. ALEMAN MEDICAL EXAMINER SIGNE	0 / 20/80
MACE DE LA PER DE LA PERDE LA P		EXAMINER'S NAME	S AHIN WALLAND 2112 Dung On Au	Bulkhenne
TO MEDICAL E EXECUTE THE C FORMS AS A SHOU TO FUNE OF SHOU AFTER DISERTAL BALTIMORE, MA	23e. B	URIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	12012122
41600	(BURIAL	1/29/80 HOLLY HILL CEM BALTO. MD	
OHMH - 17	24. F	UNERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S S	
(VR A15 ME (5)) 15M7/77	J	.5. CONVI	ELLICADDRESS 300 MACE FEBT 1980	hasalig
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		FOR			E OF MARYLAND	NEMP 6	200 200 2	2 .
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	3. SEX	FEMALE	4 RACE WHITE	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
	Za BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY2 8	, ====		YRS PR COUNTY OF DEATH	
3	CC	ALTIMORE, MD.	U.S.A.	MARRIE	DIVORCED	BALTIMOR	_	
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSE WO	ION 12b. KIND F WORKING LIFE) INDUSTR'	
13	USUA	TOWS ON AL RESIDENCE (IF NURSING HOME O	SAINT JOS		IAL	HUUSE W	ORK AL F	IOME.
35	13a S	MD. BAL	TIMORE 13c. CITY	ORTOWN	13d INSIDE CITY LIMITS? YES NO 🎎	3 MANGER	CT. APT. 2	2 В.
30	14 FA	THER'S NAME PATRICK]	BYRNE	LAST	15 MOTHER'S MAIDEN NA FIRST THER	ESA GANNON.		AST
1	16a V	VAS DECEASED EVER IN U.S. AF ES, NO ORUNKNOWN) IF YES, GIV	VE WAR OR DATES)	-12-6306	CASPER C. GO	DLDBECK :	SMANGER CT. BALTO. 21	- APT . 2
ar other traum	1	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CO		NOT RELATED TO THE TERM	AINAI DISEASE OR CON	DITION GIVEN IN PART 1	Na
, rolory,	NOIL	PART 2 OTHER SIGNIFICANT						
2	TIFICATION	PART 2 OTHER SIGNIFICANT		R WHICH OPERATIC	n was performed	200 AUTOPSY? YES □ NO 🔀	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	DINGS USED
29	CAL CERTIFICATION	GENTLEY CO	195 CONDITION FO	NTH DAY YEAR		20a AUTOPSY? YES NO 🔀	IN CERTIFYING CAUSE	DINGS USED ES OF DEATH?
5	CAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	195 CONDITION FO	NTH DAY YEAR 19	n was performed	20a AUTOPSY? YES NO 🔀	YES THE TIME CAUSE YES THE TENT OF PART 2)	DINGS USED ES OF DEATH?
21 is morked or Item 18 shows ony injury,	_	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR sital) attended the decease	NTH DAY YEAR 19 Y RY, OFFICE, FARM, ETC.)	216 HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TOV	IN CERTIFYING CAUSE YES RY IN ITEM 18, PART 1 OR PART 2) VN COUNTY VN COUNTY	DINGS USED SOF DEATH? NO STATE
If Item 21 is morked or	_	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR sital) attended the decease	NTH DAY YEAR 19 Y RY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET ary 19 19 80 and that in (aur) opinion DEGREE	YES NO SE RED (ENTER NATURE OF INJUIL CITY OR TOV to Januar death occurred on the di	IN CERTIFYING CAUSE YES RY IN ITEM 18, PART 1 OR PART 2) VN COUNTY Y 23 19 80 Date and hour and from the	STATE that ** (we) lost the couses stated
l is morked	_	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (this hasp sow the deceased all c ar above, we (did)	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTO) Sital) attended the decess January 23	NTH DAY YEAR 19 Y RY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET ary 19 19 80 and that in (aur) opinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TOV to Januar death occurred an the de	IN CERTIFYING CAUSE YES RY IN ITEM 18, PART 1 OR PART 2) VN COUNTY Y 23 19 80 ote ond hour ond from the county of the county	STATE that ** (we) lost the couses stated
If Item 21 is morked or	WEDICAL WEDICAL 330. B	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (this hasp sow the decepted aline or above, (we) (did) (2004) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE)	21b. TIME OF INJURY HOUR A.M. MO! P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOI sital) attended the decease January 23 Review (Re) body offer deal	NTH DAY YEAR 19 YAY, OFFICE, FARM, ETC.) and from Janu 19 80, o	216. HOW INJURY OCCUR 216. LOCATION STREET ary 19 19 80 and that in (aur) opinion DEGREE ATTENDING PHYSICIAN (ZOO AUTOPSY? YES NO EX RED (ENTER NATURE OF INJUI CITY OR TOV to Januar death occurred on the di DIRECTOR PHYSIC 23d. LOCATION CITY OR TOWN	IN CERTIFYING CAUSE YES RY IN ITEM 18, PART 1 OR PART 2) VN COUNTY Y 23 19 80 ote ond hour ond from the county of the county	STATE STATE STATE STATE STATE STATE STATE STATE STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

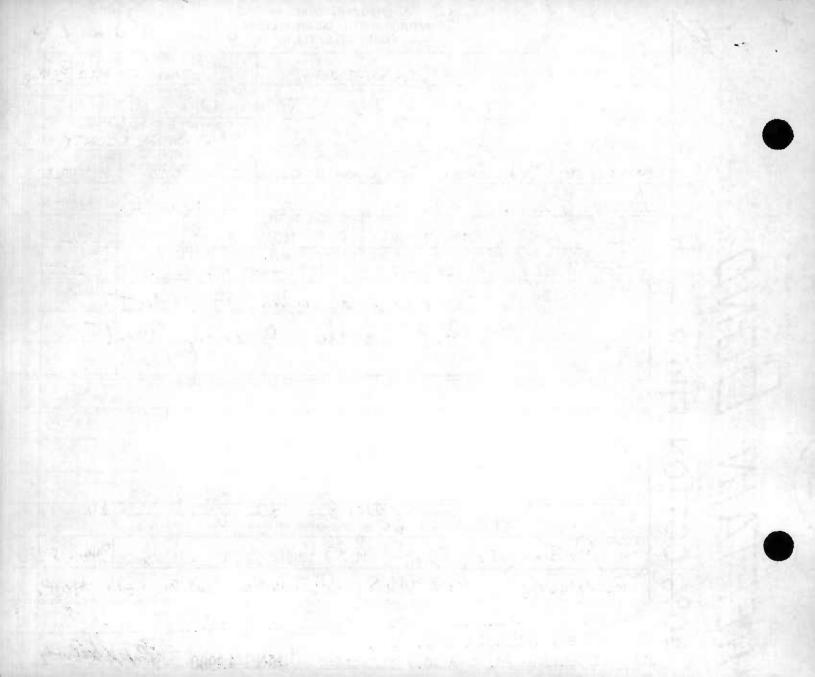
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2		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	o u u	0	, 0
		ECEASED NAME FIRST	-	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
33	(TTP)	ISADOR	E	C	OLD	FINGER	4C	80 W	1980	5:45PM
	3 SE	male	1 RACE	N	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UP	NDER 1 YEAR	IF UNDER 24 HRS
19	C	NEW YORK	USA	WHAT COUNTRY?	8 MARRIE WIDOWE	DIVORCED	BALTIN	DR COUNTY OF		Y MD
55	8	ANDALISTOWN JAL RESIDENCE (IF NURSING HOME OR	BALTIN	HEACILITY, GIVE STREET	ADDRESS)	ENERAL HOGITA	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O SELF-EMPL	F WORKING LIFE)	NIDLISTRY	SALEDS
3.5	M/	STATE 136 COUN ARYLAND BAL ATHER'S NAME	TY	BALTIMO	N	13d INSIDE CITY LIMITS? YES NXXX	13e STREET ADDRESS 8410 CARL	SON LA.	#212	207
30			IDDLE	GOLDFING		FIRST MARY	MIDDLE		SHERMA	N
1	(°		WAR OR DATES)	219-16-6			ROSE SCHWA SON LA. BAL			1207
	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO				NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WE	RE FINDING	GS USED
7	ERTIFIC	210. ACCIDENT WAS UNDERLYING	21b. TIME O	F IN ILIRY		21c HOW INJURY OCCURR	YES NO	IN CERTIFYING		OF DEATH?
7	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	H HOUR A.F	m. month da m.	19	21f. LOCATION STREET	CITY OR TO		COUNTY	STATE
		270.1 certify that (I) (this hospitus sow the deceased alive on above, (I) (we) (did) (did not 27b. SIGNATU F	1411	V 10 1	9	DEGREE ATTENDING PHYSICIAN	, to death occurred on the dispersion of the dis	FF _	_	
1		BERNARD	00-	601 V	Hes	PALTI MOY	ZE COUNT		1. 4	OSP.
		BURIAL, CREMATION, REMOVAL ISPECIFYBURIAL	236. DATE JAN . 10	,1980 RI		EMETERY OR CREMATORY URLANDER VERE	23d. LOCATION CITY OR TOWN	cour E BALT		STATE
	24 F	UNERAL DIRECTOR SOL LE	VINSON		INC.		REC'D. BY REGISTRAR			IRE

DHMH - 16 50M 1/76 (VR A 15 (4))

6010 REISTERSTOWN RD

250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE



Calin Annest chala co Control of the contro FOR

- STATE

REGISTRAR

DHMH - 16 50M 1/76

(VR A 15 (4))

22c. DATE SIGNED STATE Druid, Ridge Cem. Baltimore MA 24 FUNERAL DIRECTOR ADDRESS Wm C March F/H 1101

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

REG. NO

DAY

YES F

COUNTY

YEAR

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INDUSTRY

26 HOUR 530

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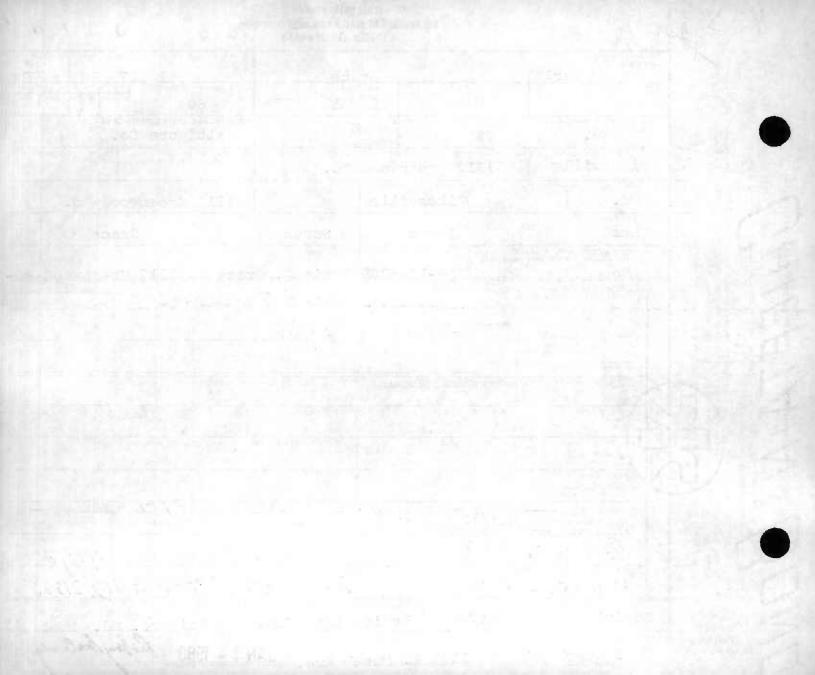
BETWEEN ONSET AND DEATH

NO F

STATE

ELINDER 24 HRS

CERTIFICATE OF DEATH



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN 2b. HOUR MONTH (TYPE OR PRINT) OF ESTI-ARLESA PHYLLTS GREENE 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 10000 DATE MONTH LAST BIRTHDAY PRONOUNCED 80 aM 9 59 female. black 20 DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U. S. A. Baltimore County DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 9200 Dogwood Road 2, AND 3 TO 3. RETAIN PA SHOULD BE F Granite USUAL RESIDENCE (IF IN NURSHIE HUMAN OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE COUNTY 13d. INSIDE CITY LIMITS? 3815 Milford Avenue YES A Maryland Baltimore VITAL 14 FATHER'S NAME PM. 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Greene Eddar Dorothy Pate 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) Edgar Greene 3815 Milford Avenue N/A CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Ligature strangulation with fracture of cervica IMMEDIATE CAUSE Canditians, if any, which spine gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BURI, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF O BURIAL DRWARDED TO THE CI R. PAGE 3 SHOULD BE STATE DEPARTMENT CI 21201 PRIOR TO BURIA YES X NO [85 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR C OR UNDERLYING subject was strangled MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC. NOT WHILE 9200 Dogwood Road Corrow Granite, Maryland AT WORK AT WORK DIRECTOR: P DIRECTOR: P WITH THE ST AARYLAND, 21: 22a. I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram: Undetermined manner TITLE (SPECIFY) TO FUNERAL D
AFTER DEATH,
BALTIMORE, MA ACTUAL DATE M.D. Assistant MEDICAL EXAMINER 2-5-80 brama EXAMINER'S NAME 111 Penn Street Virginia L. Dolan, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 2/9/1980 Burial St. Mary Cemetery Baltimore, Maryland 250 DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Wm. C. March F/H 1101 Fast North Avenue 15M 7/77

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FOR

- STATE

REGISTRAR

IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DOMESTIC 13e. STREET ADDRESS
5501 GLENARM ROAD **AMOS** ADDRESS REV. LEWIS C. GREGG 5501 GLENARM ROAD Metastal. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in(my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN TO DIRECTOR PHYSICIAN STATE DULANEY VALLEY MEM BURIAL COCKEYSVILLE 250 DATE REC'D. BY REGISTRAR 256. REGIST 24 FUNERAL DIRECTOR DHMH - 16 25M ritary Malreade (VR A 15 (4) 1 9/74 4517 PARK HEIGHTS AVENUE LEWIS T. GWYNN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

2b. HOUR

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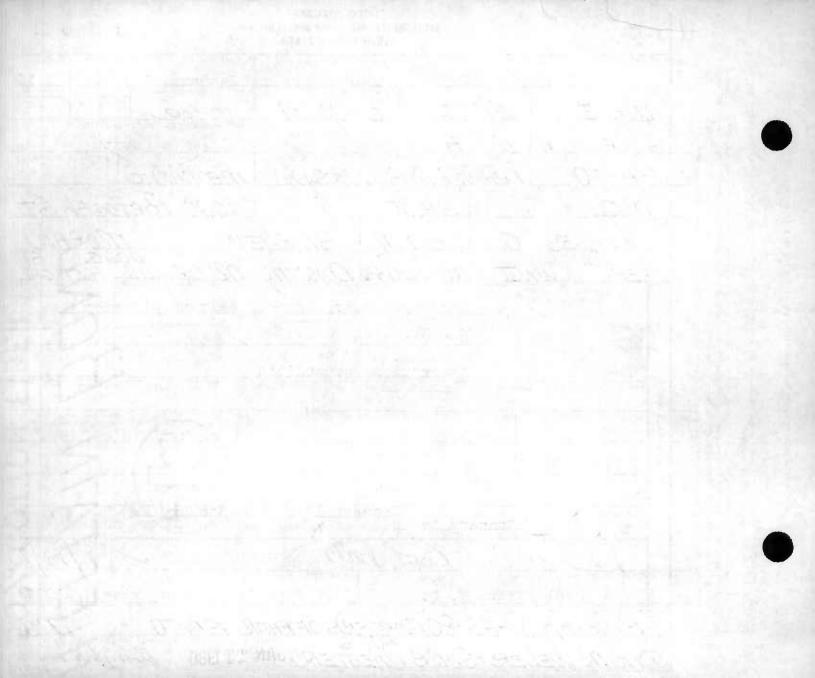
. DE (SALA) MALY FASSON

- 1/7/1 - 11.11 Marie 1.11

LEUS T. WELL 1517 From Manuel Arthur

AND DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE PARTY

-	1			STATE OF MARYLAND		
4	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE D	00382
. m.e		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
ay be		Benjan		GRIMM	January	. 19. 1980 2:15
tor.,p	3. SE	MAKE	WHITE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN
Page Propres Phours	7a. B	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
deoth 77	11	VIRGINIA	11.S.A	WIDOWED DIVORCED	Baltimore	e County MD
s ofter do	10.0	BALTO	NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION REET ADDRESS) HOSO	TYPE OF WORK FOR MOST OF	
filled in the ould be f	USU 13a	AL RESIDENCE, (IF NURSING HOME OR OF STATE 13b. COUNTY	THER INSTITUTION, GOVERNMENT OF THE STATE OF	13d. INSIDECITY LIMITS	S? 130 SIREEI ADDRESS	Romal C+
tely fi	14. F/	THER'S NAME	12571	YES NO 1	NAME OF THE	OCTUGATA ST
omple tond		CHARAES	O. GP1	mm Shire	hE/ ADDRE	MORAN)
n ond con medical	16a V	VAS DECEASED EVER IN U.S. ARME (IF YES, GIVE W	ED FORCES? 166 SOCIAL'S	6-0336 DOROTH	V M CRI	MM_PORTUGAL
ficate b popers naval. ent, the		18 CAUSE OF DEATH Enter only	ane cause per line far (a), (b	, and (c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a phy on po emor		PART I. DEATH WAS CAUSED IMMEDIATE		opulmonary Arre	st, Seizure	Disorder
nding corb i, or r		4019	DUE TO, OR AS A CONSE			
dea nove otror		Canditions, if any, which gave rise to immediate	(b) Hyper	tension		
y the		cause (a), stating the underlying couse last	DUE TO, OR AS A CONSE			
ed b pleas mal,				ation Pneumonit		NITION CIVEN IN BART VA
to bu	Z O	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONL	DITION GIVEN IN PART 1101
prior ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	IICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
w ws	TIE		Market Black		YES NO	YES NO
DOT S		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
certif urial-t lentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
this he bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOW	OUNTY STATE
After e os t olth o norke		AT WORK — AT WORK		January 10 10	80 to Januar	V 19 19 80 that W (we) loss
OR: or use f Hea		22a. L certify that (this haspital sow the deceased alive on	January 1.9	9 80 and that in (%) (our) opin	80 , to Januar	19. 19. 80 , that X (we) lost the and haur and from the causes stated
DIRECT Ched fo Dept. of		abave, X ((we)(did)(did)	view the body after death.	DEGREE		2h: DATE S/GNED
± 61		Much	roel Lo	MD ATTENDIN PHYSICIA		1/19/01
- 0 111 0 - 0		226 PHYSICIAN'S NAME (THE ORT		22e ADDRESS		1 /
retoined by 1 TO FUNERAL should be de with the Stot		Michael Ko			nklin Square	e Drive., 21237
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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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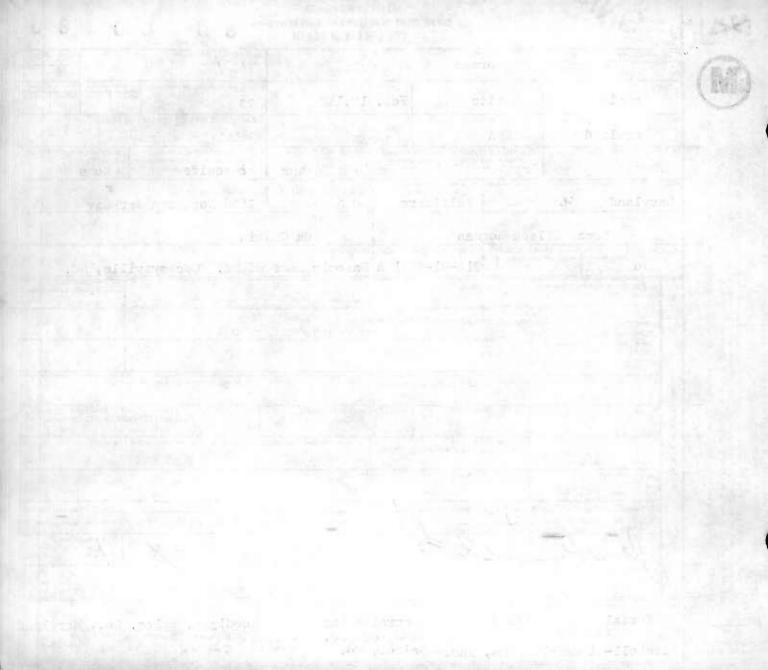
STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE

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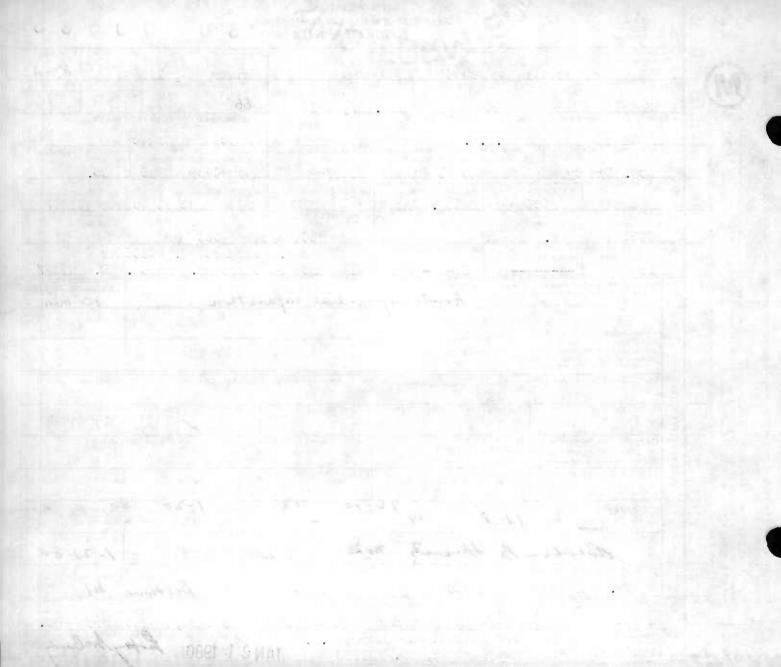
1/30/80 Mitchell-Wiedefeld Home, Inc.



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT) Griner Murie 2 . 30 M January. 1980 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOURS Female White 16 63 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED [Baltimore County O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) LIE NOT IN SLICH FACILITY GIVE STREET ADDRESS! INDUSTRY Joseph Hospita BALTIMORE, MARYLAND 21201 Towson olunteer-Brethren JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 113b COUNTY 1136 CITY OR TOWN 13d INSIDE CITY LIMITS? YES T NO New Windson Maryland 500 Main Street 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT IVES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 212-05-6181 APPROXIMATE INTERVAL 18 CAUSE OF DEATH . Enter only one couse per line for (a), [b), and (c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 W. PRESTON AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. DEATH BUT NOT REMED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT DIVISION OF VITAL RECORDS, CERTIFICATION 0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190 DATE OF OPERATION 200 AUTOPSY à be - 20 - 79 NO [NOD YES T ial-transit Mental Hygi ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 11 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS ter P.M ō 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION puo AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE marked NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death Dept. Item 22h SIGNATURE DEGREE 22t. DATE SIGNED \bar{a} -ATTENDING MEDICAL STAFF be deto e Stote [DIRECTOR PHYSICIAN PHYSICIAN PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS ld b MPORT 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE (SPECIFY) CITY OR TOWN COUNTY BP. Removal 1/5/80 250 DATE REC'9. BY SEGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Lo al you Me Bready ADDRESS (VR A 15 (4)) Balto., Md. Anatomy Board

0	1	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	GIENE 8 UREGINO.	0 3 8 5
e 3		CEASED NAME FIRST E OR PRINT) Margaret	WIDOLE	Groeninger	20 DATE OF DEATH MONTH D	/80 9:13 T
moy be poge	3 SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR IF UNDER 24 HRS
rector	_	Female	White	MONTH /27/89 YEAR	90 _{YRS}	MONTHS DAYS HOURS MIN
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by the filled will	G	len Arm	1630 Glen Ar	m Rd, Villa Mar:	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OF INDUSTRY
filled in ould be	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	or other institution, give residence before inty 134 CITY OR TOP Balti	WN 13d INSIDE CITY LIMITS?	3101 Bayonne	Avenue
ond 2 sh	14. F	ATHER'S NAME FIRST	MIDDLE Staab	15. MOTHER'S MAIDEN NO FIRST	WIDDIE	Busick
Poges 1		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC VE WAR OR OATES) 213-05-	n. T	Marie, 11630 G]	len Arm Rd.
pers.		18 CAUSE OF DEATH (Enter o	inly one couse per line for (o), (b), o	and to	~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ter this of the burn ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
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5 5 6 2 X	23 a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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16 60M 1/75 A 15 (4))	24 F	uneral director Curra Raymond Curran	an Funeral Hou Cambridg	me, Md.21613 250. DA	TE REC'D. BY REGISTRAR 256. REGISTI	RAR'S SIGNATORE

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35		OUNTRY) ML.	EIGN	u.S	,A.	MARRIE	NEVER MARRIED DIVORCED		ltimore (-		MD.
Office			M.	11. NAME OF	HOSPITAL, NURSII	ADDRESS)	R OTHER INSTITUTION	120. USUAL C	ECCUPATION FOR MOST OF WORKIN	G LIFE) 12b. K	IND OF B	USINESS OR Employ
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MPORTANT	24. F		H.E.	23b. DATE /-28-	80 S	acred	Caton EMETERY OR CREMATORY Heart of Geo.	G GROV SVille	E HOSPIT Marylan TION TOWN GISTRAR 25B. REC	d 2122	TER 28	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-S FOR YOUR FILES.

5. FOR YOUR FILES.

D, WITHIN 72 HOURS

W. PRESTON STREET, MARY FRANCES HARRIS 19 80 10Pu 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED White Sept. 5, 1900 79 YRS DEAD Female 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Arkansas Baltimore County, U.S.A. WIDOWED X DIVORCED IB CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Librarian Local Govt. Towson Baltimore Med. Ctr. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 136. STREET ADDRESS Joppa Road #902 Baltimore 13t. CITY OR TOWN 21204 13a. STATE Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Price MIDDLE MIDDLE McElroy FORM PM Bell Cannon 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS DIVISION +29-44-8664 Helen H. Fallon205 E. Joppa Rd.21204 No 18. CAUSE OF DEATH (Enter only one cause per line far (b), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (m) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 1-8-80 Fracture Rt. Femur YES -21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MOR HOUR A.M. MONTH DAY YEAR UNDERLYING 0 3 Sh. DEPART MEDICAL CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211 LOCATION STATE WHILE AT WORK Stevenson Lane 220. I certify that I took charge of the remains described above, held an Autapsy Inspection A Inquiry and in my opinion Accident X death resulted fram: Natural causes Suicide L Hamicide ______ Undetermined manner TITLE SPECIFY ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME Charles F. O'Donnell, M.DORE York Road 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE . STATE Jan. 28. '80 Burial Cedar Heights Cemeterarianna, Arkansas 24. FUNERAL DIRECTOR BY REGISTRAR 15h 455 DHMH - 17 (VR A15 ME (5)) E. Johnson 8521 Loch Rayen Blvd 15M 7/77

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should be detached for use as the buriol-tronsit permit. Then please remove corbanpope with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

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STATE OF MARYLAN
DEPARTMENT OF HEALTH AND MI

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FOR STATE REGISTRAR				EALTH AND ME		IENE 8 OREG.	0.	0 3	90
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(TO SAT MANY	Irene		H	artlie	b	January 1, 1980 8:0			8:00 m
3. SEX	4. RACE		5 DATE O		YEAR	& AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	
Female	White		1	5	93	86	YRS.	More than 10	
7a. BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED	□ NEVER MA	RRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
Unknown	U.S.A		WIDOWE	DVO 🖾	RCED 🗌	Balti	more	County	Υ MD.
10. CITY OR TOWN OF DEA		HOSPITAL, NURSING		ROTHER INSTIT	NOITU	128. USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
Towson	St.	Joseph		ital		Homemake	r		
USUAL RESIDENCE (IF NURS)	136 COUNTY	GIVE RESIDENCE BEFORE A		13d. INSIDE ETT	LIMITS?	13e STREET ADDRESS			
MD	Baltimore	Baltimore	2)	10 🗆	2095 Rock	rose A	lvenue	
14 FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S A		WEDOFE		U	AST
160 WAS DECEASED EVER (YES, NO OR UNKNOWN) Unknown	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURI 216-07-76		17 INFORMAN	ī	ADD	RESS		
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DHMH-16 20M (VRA 15, 4) 7/7B

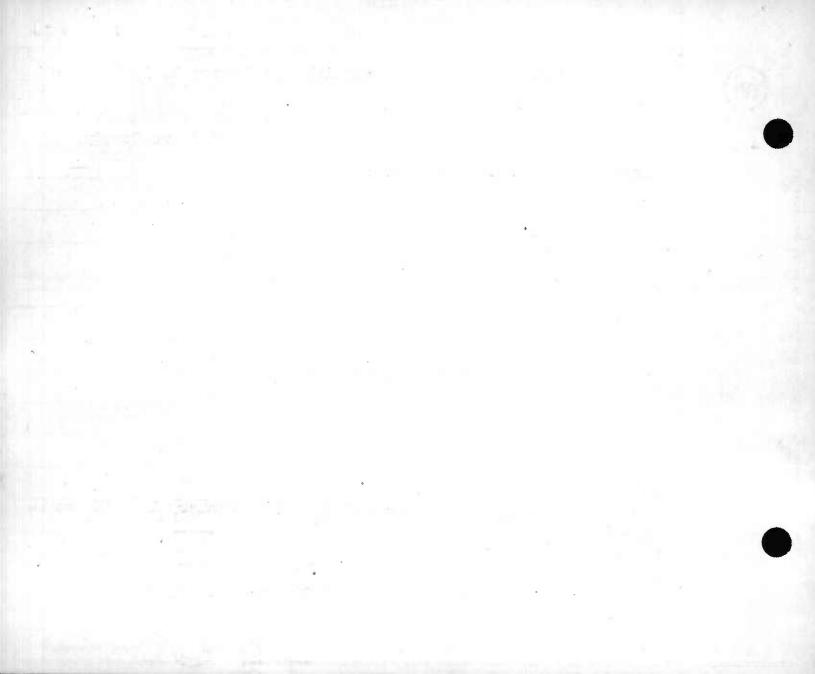
TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is

24. FUNERAL DIRECTOR Anatomy Board

Balto., Md.

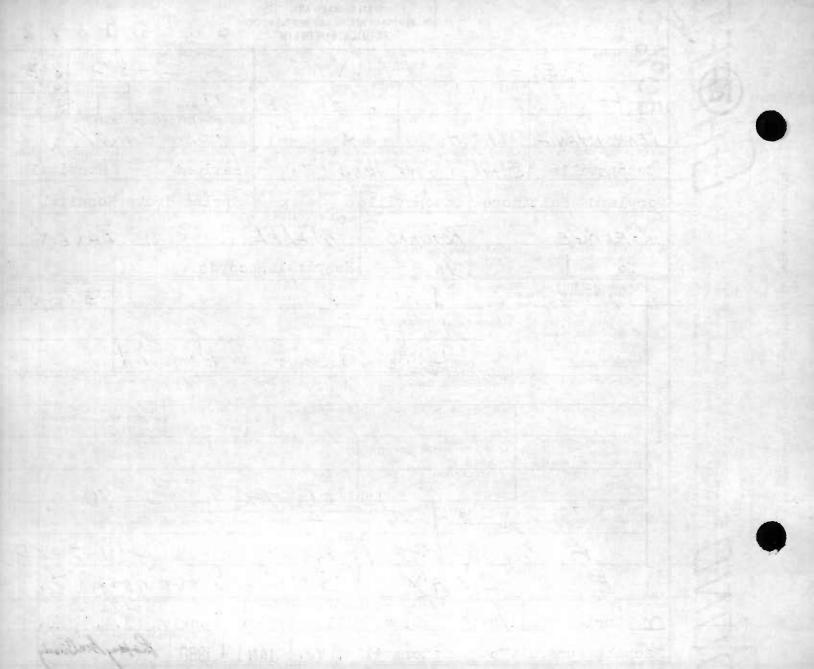
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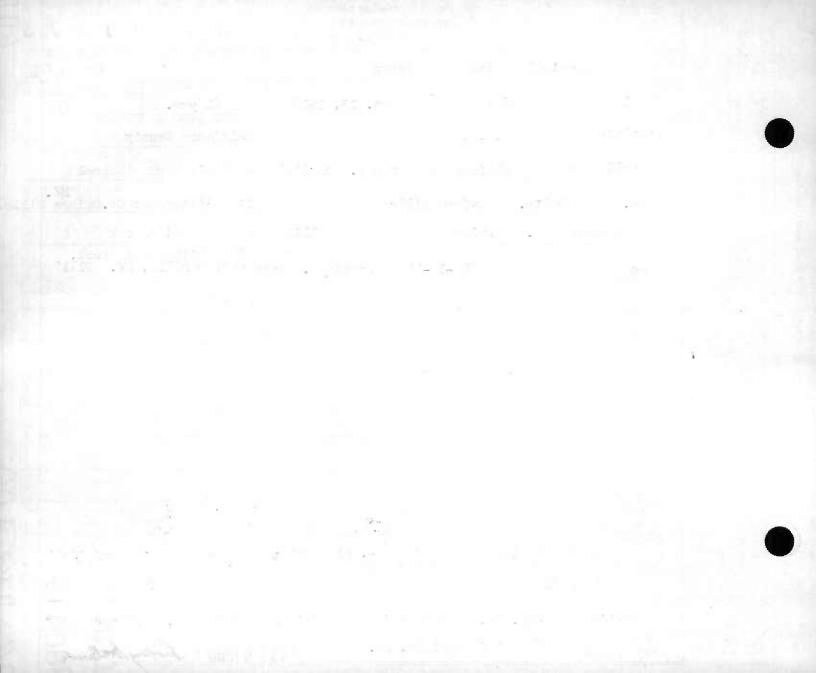


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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE OF DEATH HTMOM DAY YEAR (TYPE OR PRINT) ENE 3. SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS YEAR DAYS HOURS To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED COUNTRY! WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Patient Catonsville Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 3c CITY OR TOWN Spring Grove Hospital 3d. INSIDE CITY LIMITS? Baltimore Catonsvill Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRS1 MIDDLE MICDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Hospital Records No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (q/1)(b), and (c) PART I. DEATH WAS CAUSED BY luzuomo IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions if ony, which gove rise to immediate couse (a), stating the A COMSEQUENCE OF underlying couse ď, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 161 CERTIFICATION 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene ď NO YES [NO F 210. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 0 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION Ď CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK 220.1 certify that (## (this haspital) attended the deceased from hospital DIRECTOR sow the deceased glive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated to above, (1) (we) did (did not) view the body after death FUNERAL DIRECTORING BY THE State Dept. of 27h SIGNATURE EGREE / 22c. DATE SIGNED ATTENDING = MEDICAL STAFF MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be 0 4 230. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Lanery STATE (SPECIFY) /80 Cemetery Buria Brooklyn Md. 24 FUNERAL DIRECTOR BY REGISTRAR 25h. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) MacNabb Funeral Home Catonsville, Md.





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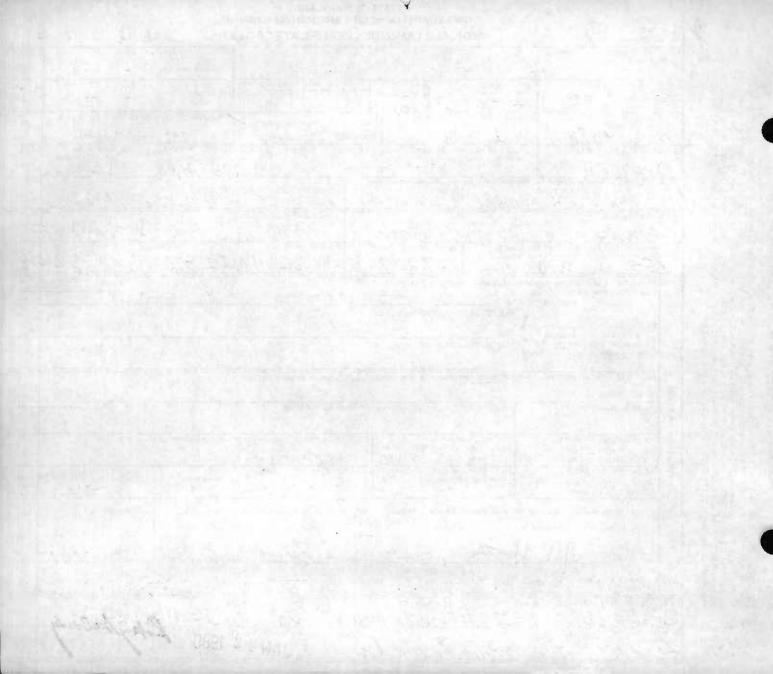
J. G. CONNELLE

(VR A 15 (4))

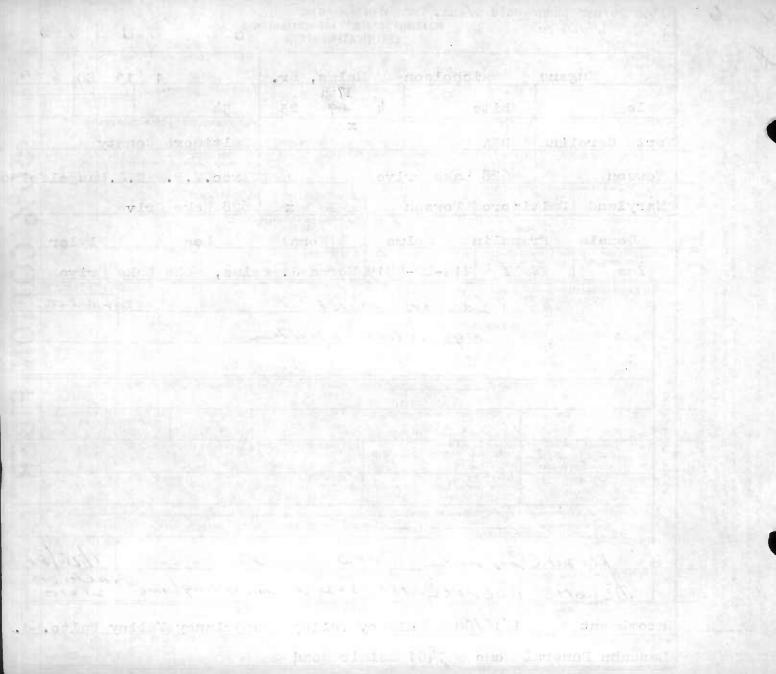
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH J REGISTRAR 20. DATE KNOWN FIRST DECEASED NAME MONTH DAY YEAR 2b. HOUR (TYPE OF PRINT) ESTI-DEATH MATED Edward Charles Heinsohn 2719 80 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR 3: 10P 2c. DATE PRONOUNCED White Male 21,0 80 BALTIMORE CITY OR COUNTY OF DEATH TE BIRTHPLACE ISTANCOR MARRIED | NEVER MARRIED WIDOWED DIVORCED Baltimore County 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Walnut Avenue 13d. INSIDE CITY LIMITS? MIDDLE ADDRESS 17. INFORMANT CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of the head (handgun) IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 TATE POSYONLY YES TO NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXXX self inflicted CONTRIBUTING CAUSE OF DEATH ? KM.] 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 8 Walnut Ave. Balto. MD. home 22s. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion Suicide Homicide Undetermined monner death resulted from: Notural couses Accident TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St. Ann M. Dixon. M.D. Balto., MD. TYPE OR PRINT) **DHMH-17** (VR A15 ME (5)) 15M 7/76







STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) page 3 Beverly Hershev 27 80 8:10 3 SEX 5. DATE OF BIRTH 4 RACE 6 AGE IN YEARS LAST BIRTHDAY! IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS 37 female white To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED USA Baltimore County Maryland WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dunda 1k 1900 Codd Avenue c eq USUAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY HAITS? 13e STREET ADDRESS Maryland Baltimore Dunda 1k 1900 Codd Avenue YES [NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Lee Miskimon Neomi Robinson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213 32 1492 1900 Codd Avenue no Ronald E. Hershev APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY DALIS IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES [NO YES T NO [] 71a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK JAN 220.1 certify that (I) (this haspital) attended the deceased from JAN sow the deceased alive as a solution obove, (I) (we) (did) (did not) liew the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22e ADDRESS VENERACION haul vith 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE* (SPECIFY) CITY OR TOWN 1/30/80 Baltimore Burial Oak Lawn Md 24 FUNERAL DIRECTOR DHMH-16 60M 1/73 Walter Dabrowski 1005 Dundalk Avenue (VR A 15 (4))

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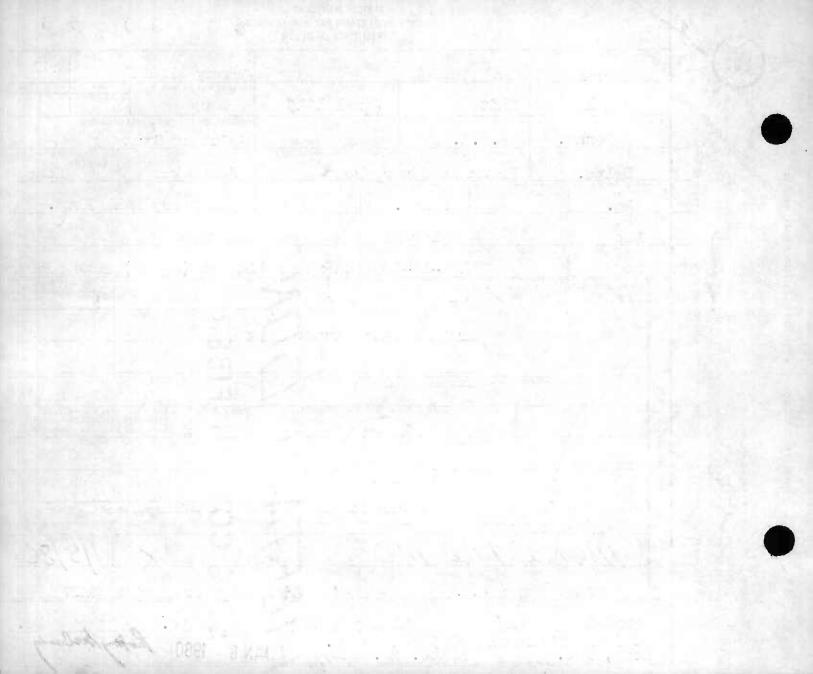
FOR

Home, Inc.

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS



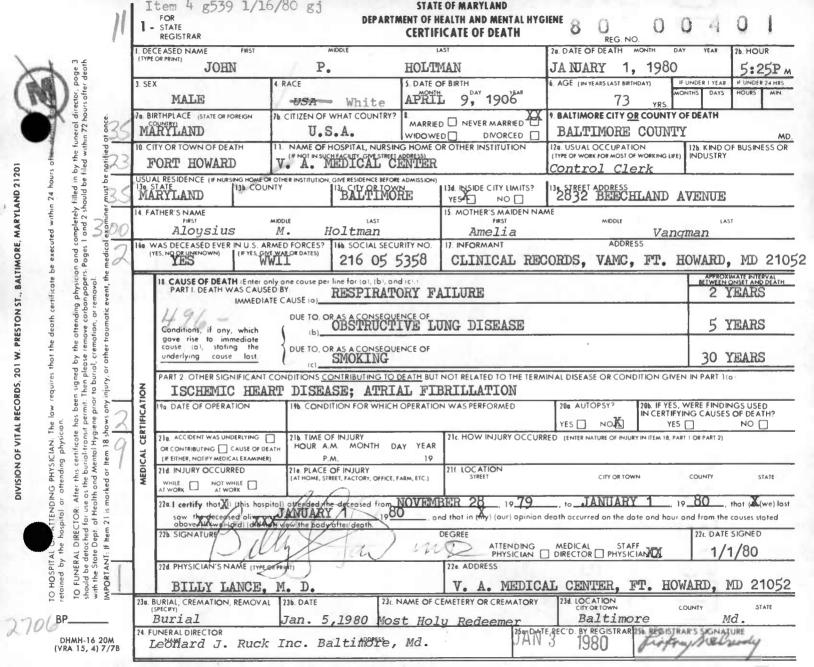
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE KNOWN F (TYPE OR PRINT) ESTI-DEATH MATED JOHN WILLIAM HIMMELHEBER 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 21,1910 69 DEAD Male White Dec. b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore County IISA WIDOWED [DIVORCED Marvland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Engineer St. Josephs Hospital Steel Co. Towson USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Towson 1532 Glen Keith Blvd. Mary land Baltimore KKKON ORM PM 3. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Ruth Anna Gaither Charles A. Himmelheber 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DIVISIO 18-01-0618 Mary C. Himmelheber Same No 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 In CERTIFICATION 190. DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? P YES [] 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE Inspection 20 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner PAGE 4 SHOU TO FUNERAL D AFTER DEATH, N MEDICAL EXAMINER EXAMINER'S NAME York Rd. Towson. Md. Charles F. O'Donnell 7501 (TYPE OR PRINT) ADDRESS. 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Jan. 8,1980 Dulaney Valley Mem. Pk. Cockeysville, Balto. Co., Md. Burial 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 1256, REGISTRAR'S SIGNATURE 6500 York Rd. **DHMH-17** (VR A15 ME (5)) Mitchell-Wiedefeld Home, Inc. Balto. Md. 15M 7/77

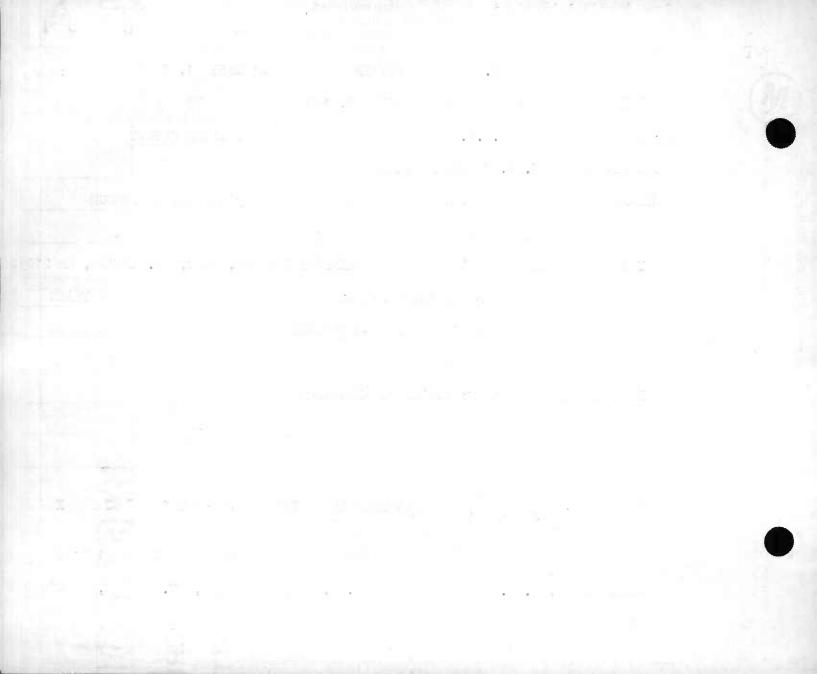
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r Item 18 sho		710. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	?1c HOW INJURY OC		4367			,
fter this cert he burial-tra and Mental arked or Iter	MEDICAL	214 INJURY OCCURRE	LE C	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFIC		211 LOCATION STREET	CIT	Y OR TOWN		COUNTY	STATE
mark	-				december of the	Januar	10	30 <u>, ₁₀ Jan</u> i	jarv	26	19_80	that (we) last
ept. or nealth and f Item 21 is mark		22a L certify that (1) (saw the deceased above, (1) (we) (di 22b. SIGNATURE	this haspital) d alive an d) (a) nat) vi	Januar	y 26 19	80	d that in (y (y) (aur) apir DEGREE				r and from the	
Dept. of Health al If Item 21 is mar		22a L certify that (1) (saw the deceased above, (1) (we) (di	this haspital) d alive an d) (d) (nat) vi	Januar whe body	y 26 ofter death.	80	d that in (y) (aur) apir	oion death accurred a	n the date	and hou		SIGNED
NT: If Item 21 is mar		22a L certify that M (saw theydecease, above, M (we) (di 22b SIGNATURE 22d PHYSICIAN'S NAI	d alive an di (a) (a) (a) (b) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Januar ew the body	y 26 19 after death.	80	d that in (My) (our) opin DEGREE ATTENDIN PHYSICIA:	G MEDICAL N DIRECTOR	STAFF PHYSICIAI	and have	22c DATE 1/26	SIGNED
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STATE OF MARTLAND

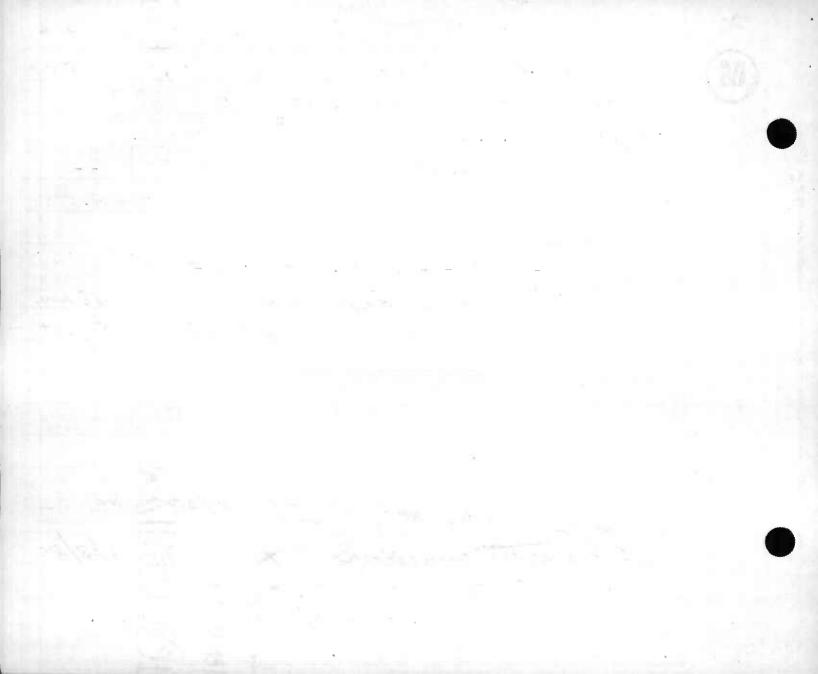
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

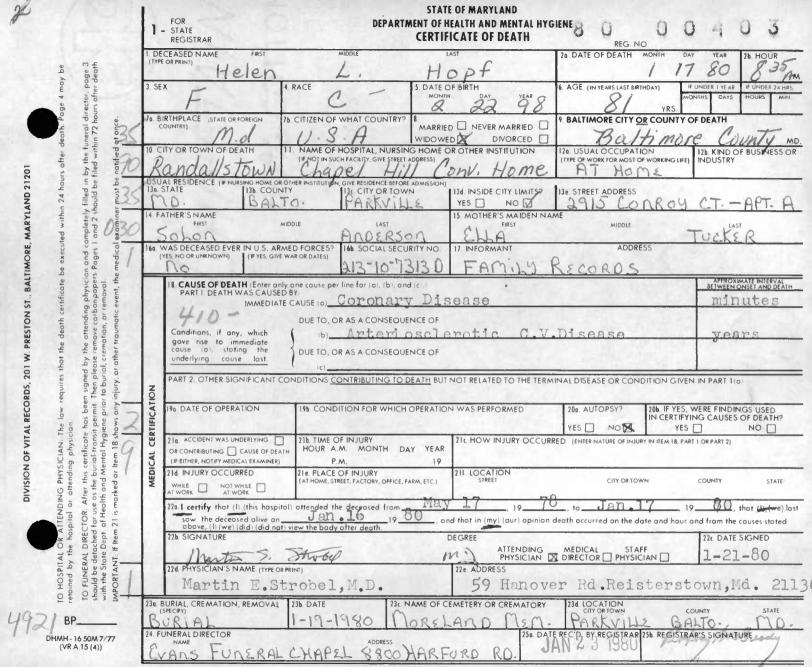
CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE



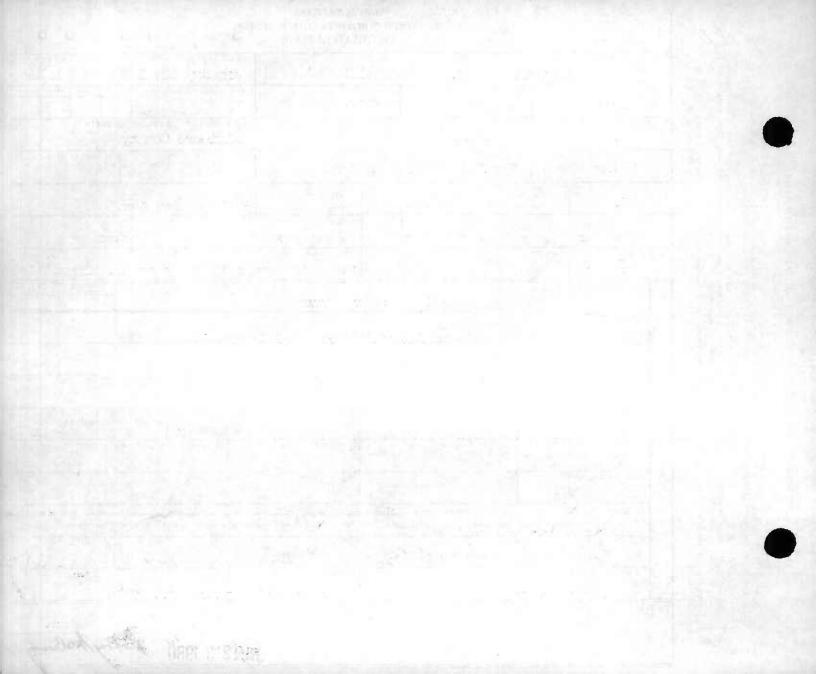


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JIAIE OF MAKILANU

Leonard J. Ruck, Inc., XXXX 5305 Harford Rd.

(VR A 15 (4))



completely filled in by and 2 should be filed

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	IENE 8	REG. NO	U	Ü	and	0 6
	CEASED NAME	FIRST		AIDDLE		AST			MONTH	DAY	YEAR	2b. HOUR
		Irvin	g L	awson	HORS	SEY	Jan	uary	13	3, 19	980	10:45
3 SE	Х	4_F	RACE		5 DATE C		6. AGE (IN	YEARS LAST BIRT	HDAY	-	RIYEAR	IF UNDER 24 HRS
H	Male		Whit	е	Jan		78	3	YRS.	MONTHS	DAYS	HOURS MIN
	IRTHPLACE (STATE OR FO	DREIGN 7h	CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED		ORE CITY O			ATH	
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10 C	ITY OR TOWN OF DEA	TH 11.		HOSPITAL, NURSIN		OR OTHER INSTITUTION		L OCCUPATE		12b.	KIND O	F BUSINESS OF
	ossville.			lin Squ		Hospital		sman				omobile
USU 13a	AL RESIDENCE (# NURS	ING HOME OR OTH		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13. STREE	TADDRESS			,	
M	aryland	Balti	more	Baltimo	re	YES NO	516	Elmwc	ood F	Rd.	2	21206
14 F	ATHER'S NAME FIRST	MIDD	nt F	LAST		15 MOTHER'S MAIDEN NAM	ΛE	MIDDLE			LAS	
	Elmer			Horsey	Georgie					I	laws	
	WAS DECEASED EVER	IN U.S. ARMEL		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS	17.10		
	No .			218-05-	49612	A Irma F. Ho	orsey	, 516	Eln	woc	d R	d.
	18 CAUSE OF DEATH			line far (a), (b), and	d (C1.)				0-1		APPROXU	MATE INTERVAL
	PART I. DEATH W.	IMMEDIATE C		Cardiop	ulmon:	ary arrest						
	4289		DUE TO, O	R AS A CONSEQUE	NCE OF							
	Canditions, if any,		(b)	Heart		re						
	gave rise to imm cause (a), stating		DUE TO O	R AS A CONSEQUE	NCE OF							
	underlying couse	lost.	(c)									
	PART 2 OTHER SIGN	IFICANT CON	DITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE OR CON	DITION GIV	EN IN F	PART 1(c	1
N N												
CERTIFICATION	19e DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES					
TE							YES 🗌	NOXX		S 🗍	.AU3E3	NO [
8	21a ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	YEAR	214 HOW INJURY OCCURR	ED (ENTERN	NATURE OF INJUR	Y IN ITEM 18,	PART 1 OR I	PART 2)	
SAL	OR CONTRIBUTING C		P.,		19							
MEDICAL	214 INJURY OCCURR		21e PLACE	OF INJURY	ARM ETC)	211 LOCATION		CITY OR TOW	/N	COU	NTY	STATE
¥	WHILE NOT WH	ILE RK	(ALTIONE, STR	CET, FACTORT, OFFICE, P	mm, EIL.)			EIII OK IOW		250		JIMIC

22a | certify that XXthis hospital) attended the deceased from January 12 saw the deceased alive on January 13 obove XXve) (did) (dXXX view the body after death.

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

and that in () (aur) apinion death accurred on the date and haur and from the causes stated

January 13 19 80 , that (K (we) lost

COUNTY

224 PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Marcia A. Good

9000 Franklin Square Drive

80

236 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236. DATE

23d LOCATION CITY OR TOWN Baltimore 230 NAME OF CEMETERY OR CREMATORY

ATTENDING

Jan.17,1980 Loudon Park 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ROBERTECER ALTENBURG FUNERAL HOME, INC.

19_80

DHMH-16 25M

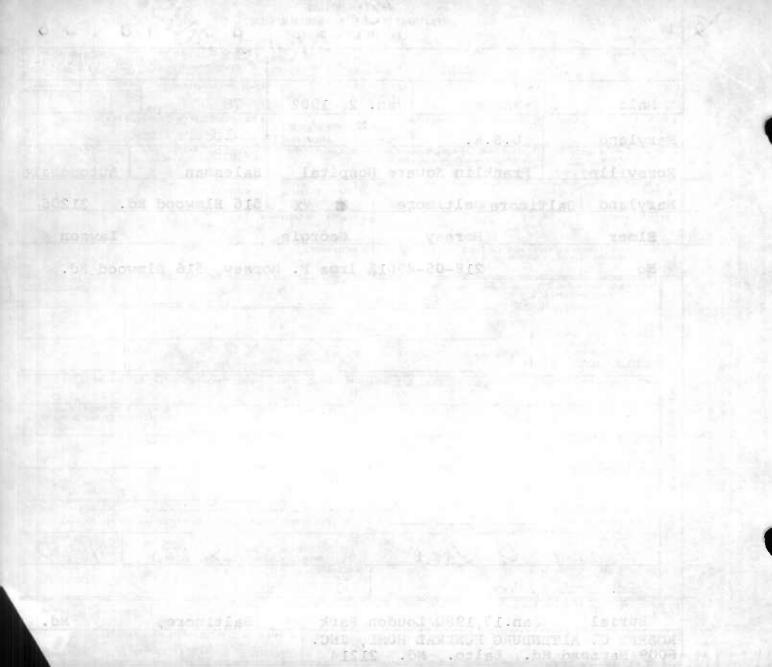
(VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate ha should be detached for use as the burial-transit perm with the State Dept. of Health and Mental Hygiene

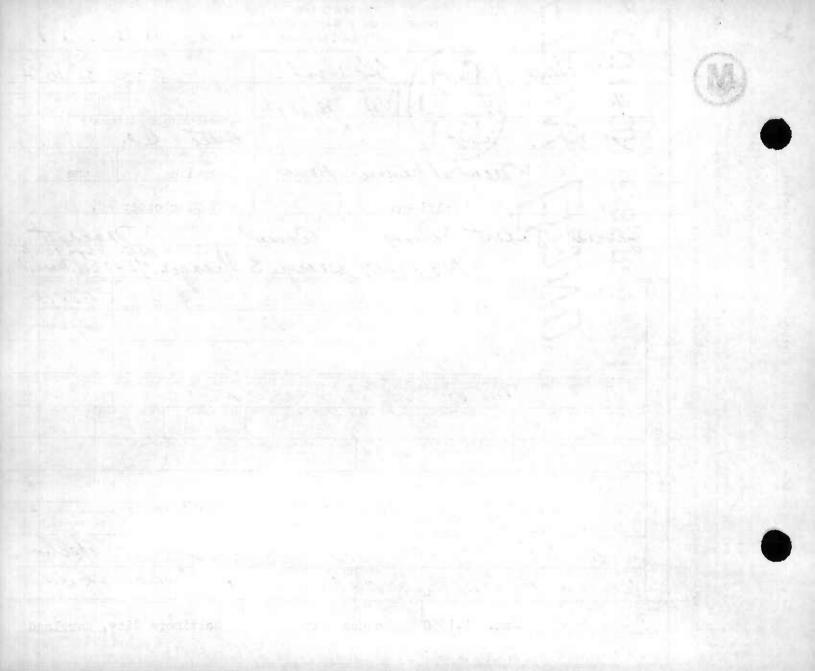
marked or Item 18

IMPORTANT: If Item 21

6009 Harford Rd. Balto, Md. 21214



		- 1					OF MARYLAND			
2			1-	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HY ICATE OF DEATH	GIENE O REG. N	0 0 4 0	7
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AND 21	in 24 hou y filled in should be	35	130 5	RESIDENCE (IF NURSING HOME OR TATE 136 COUN	IY 3c. CITY OF	e before admission) R TOWN IMOTE	13d INSIDE CITY LIMITS? YES 📉 NO 🗌		hester Rd.	
, MARYLAND	ompletely ond 2 s	00		Panes Pl	Sert F	einn	15. MOTHER'S MAIDEN N.	MIDDLE	mach	ett
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	pirol TOR: for us of He			22a. I certify that (1) (this haspii sow the deceased alive on above, (1) (y a) (did) (did has	1/29/80	. or		n deoth occurred on the d	ote and hour and from the c	
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798	BP		(:	URIAL, CREMATION, REMOVAL PRCIFY) CREMATION	23b. DATE Jan. 31,1980		emetery or crematory on Park	Baltimo	county ore City. Mar	
DI	HMH - 16 50M 1/76 (VR A 15 (4))		24. FL	NAME Hell-Wiedet	Eld Home 650	o YORK	gran ,	EB 0 5 1980	256. RECISTRAR'S SICHATI	ready



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				CEASED NAME FIRST	MIDDLE	11.	LAST	20. DATE OF DEATH		OUR
	\$ 133			ELIZA	C.	HUL	BARD	/	-18-80 3	SEC M
	14. S.4		3. SE		4 RACE	5 DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UN MONTHS DAYS HOUR	IDER 24 HRS
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1100) []		23a. 8	URIAL, CREMATION, REMOVAL		NAME OF	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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1	EXAM	INER'S NAME HO	rmez R. Gu	ard, M.D.	^	n.D.	MEDICAL EXAM		GNED	
	BUR IA		AL 23b. DATE 1/21/80			OR CREMATORY AL CEMETERY			COUNTY	MD.
		D FUNERAL	HOME 410	7 WILKENS	AVE. 2		REC'D. BY REGISTR	AR 1256. REGISTRA	AR'S SIGNATURI	

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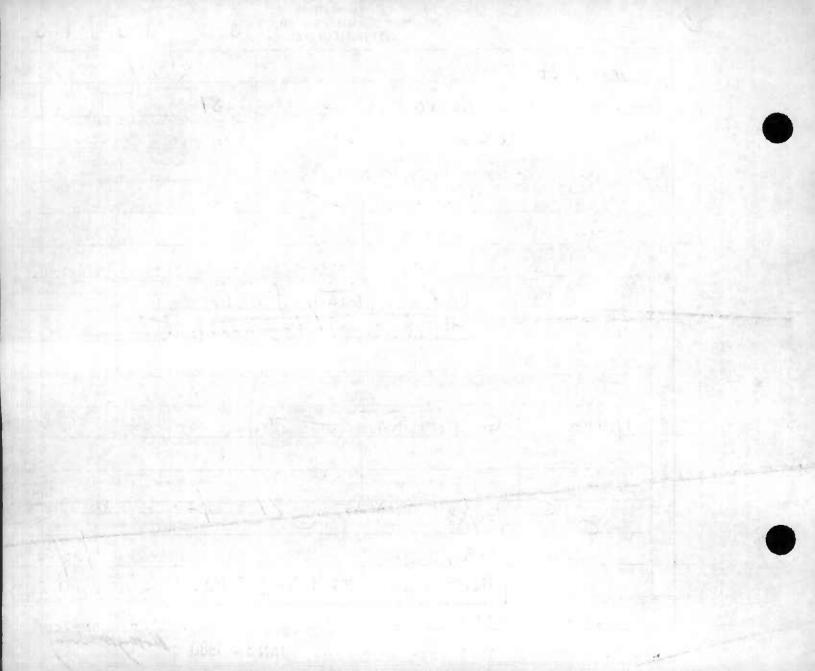
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) 27/80 Sister Mary Eloise Hyle 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS White 97 YEOG Female BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Baltimore County USA Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Ta Maria, 17630 Meligious Glen Arm Glen Arm DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Baltimore Glenown 13d INSIDE CITY LIMITS? 137576500 Glen Arm Road Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME William Elizabeth McCloskey ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 218-54-3401 Sister Louis Marie - same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21s. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 0 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 80 VAN saw the deceased alive an ___ (our) opinion death occurred an the date and haur and from the causes stated and that in (abave, ((we) (did) (did t) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Scott Adam Rd., Cockeysville Dr. Lawrence Boas, M. D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Glen Arm, Burial Sister's Cemetery Balto., BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15(4))

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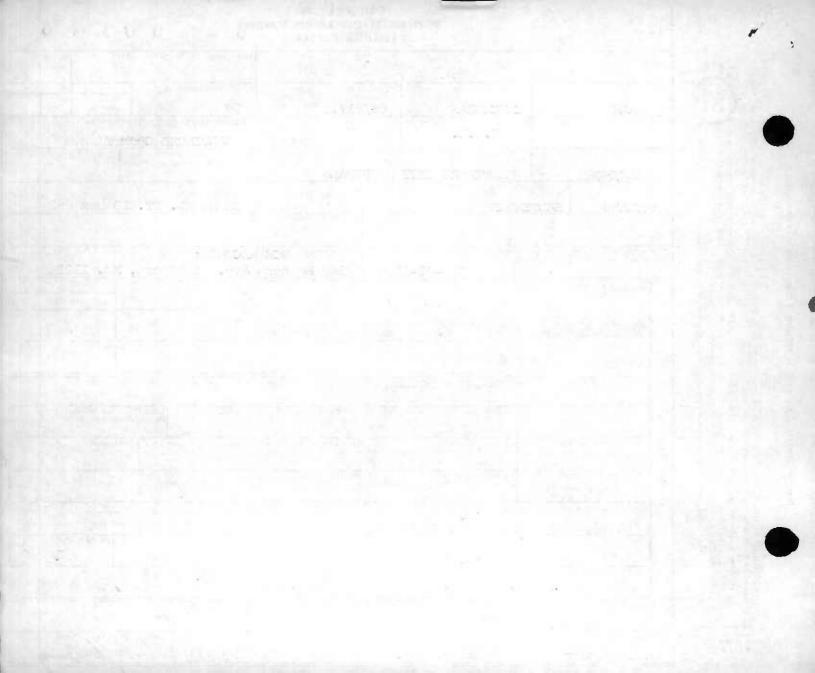
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6 50M 1/76 15 (4))			NAME		ADDRESS		236		980 A	intry 100	73
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BALTIMORE COUNTY 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Banking 3910 Springmeadow Brive Law 1320 Maistet Road Belair. Marvland21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20h. JE YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE ____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1/19/80 St. Johns Cem. burial licott City, Howard, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-16 25M** Tickny McCready SLACK Funeral Home, Ellicott City, Maryland 21043 (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) January 12. Frederick 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH HOURS Julu Male White 1908 In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED M NEVER MARRIED COUNTRY) Maryland DIVORCED [Baltimore County WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pikesville Milford Manor Nursing Home Bldg. Superintendant News Amer. JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Woodmoor 4125 Buckingham Rd. 21207 NO M Maruland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frederick Joeckel. Foos Margaret In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 21207 (IF YES, GIVE WAR OR DATES) 4125 Buckingham Rd. No 212-09-4235 Mrs. Grace Joeckel 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY mo DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? Pri IN CERTIFYING CAUSES OF DEATH? YES [NO [Mento! Hygier 21n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 21f LOCATION 21d INTURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a.1 certify that (1) (thurbospital) attended the deceased from 1980 sow the deceased plive on_ __, and that in (my) (eur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN ADIRECTOR PHYSICIAN 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT should b 7501 Liberty Rd Dr. Abraham Hurwitz 21207 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23h DATE STATE Pikesville Balto MD Druid Ridge Cem 24 FUNERAL DIRECTOR 8728 Liberty RD. ADDRESS Randalls town, 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 Melready Lorina Buers Funeral Directors, P.A. MD 21133 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 2a DATE OF DEATH MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) EUGENE JOHNSON 1/11/80 3. SEX 4 RACE S. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY 333 CONTHS DAYS HOURS Male Black. 0 To. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH Md. MARRIED NEVER MARRIED U.S.A. WIDOWED County DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown Mail Handler Postal Brubar Ct. Apt. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 1130. COUNTY 1130. CITY OR TOWN Randallsto 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. Brubar Ct. YES K NO IT 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Eugene Johnson Bernice Payne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO I UF YES GIVE WAR OR DATEST 218 28 4521 Mr. Myron Johnson 3032 Presstman APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c), is PART I DEATH WAS CAUSED BY Inn IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE-OF Conditions, if ony, which gove rise to immediate (D), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES 🖂 NO I 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22ª ADDRESS 230. BURIAL, CREMATION, REMOVAL 23d LOCATION 23h DATE 23c NAME OF CEMETERY OR CREMATORY

DHMH-16 20M (VRA 15, 4) 7/7B

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24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. RI

A. Morton & Sons F.H. 1701 Laurest

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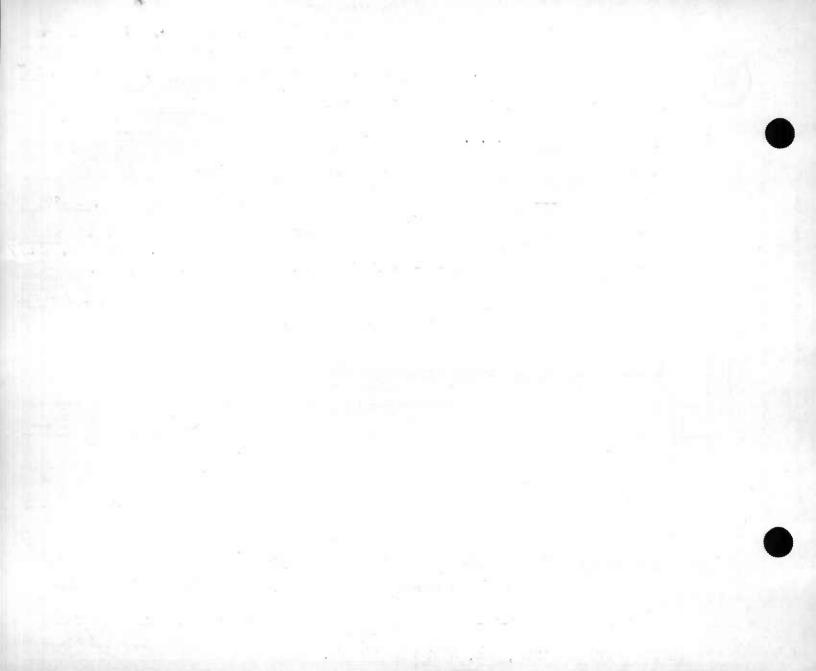
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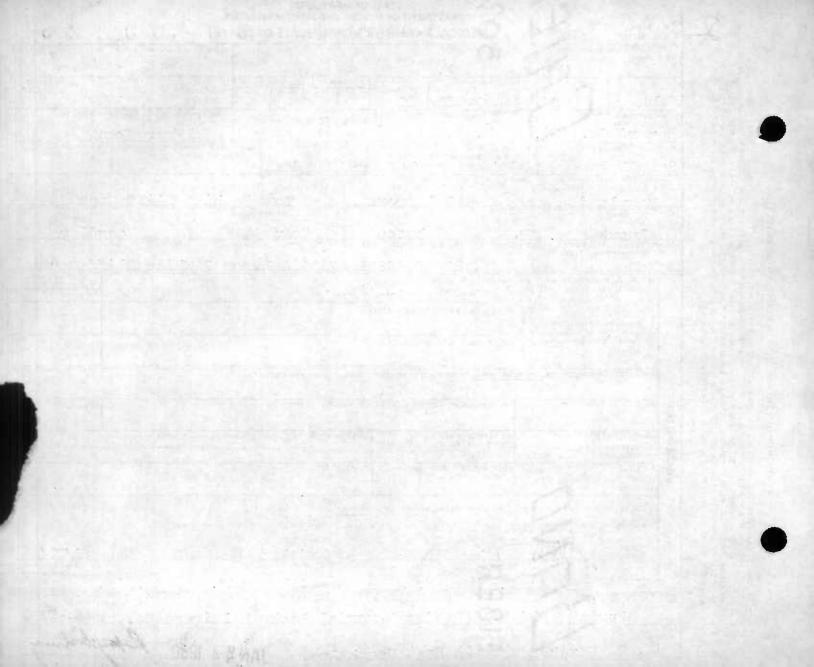
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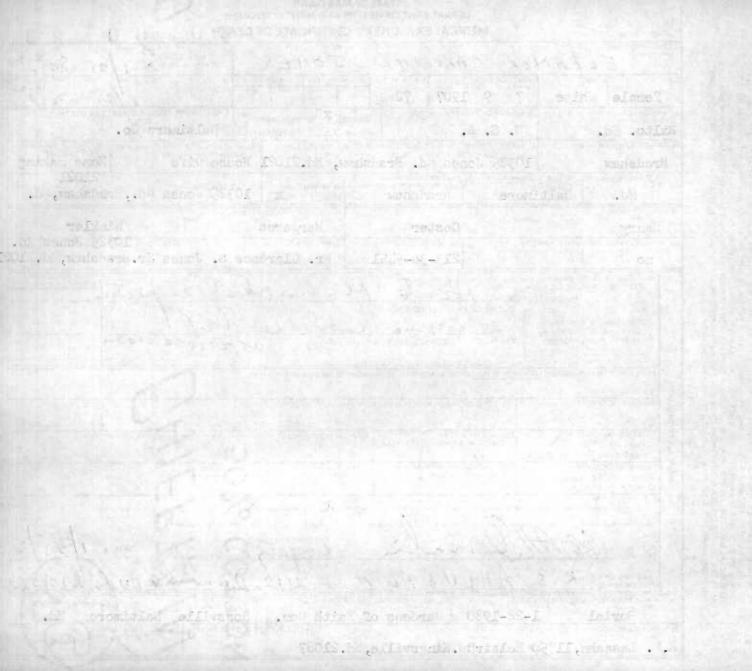
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BP	23a E	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	236. DATE 23c. N 1/30/80 DE	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN DEER P	ARKCOUNTY	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	1	JNERAL DIRECTOR	AODRESS 300	MAPE FEB	E REC'D. BY REGISTRAR 7	25b REGISTRAR'S SIGI	RATURE

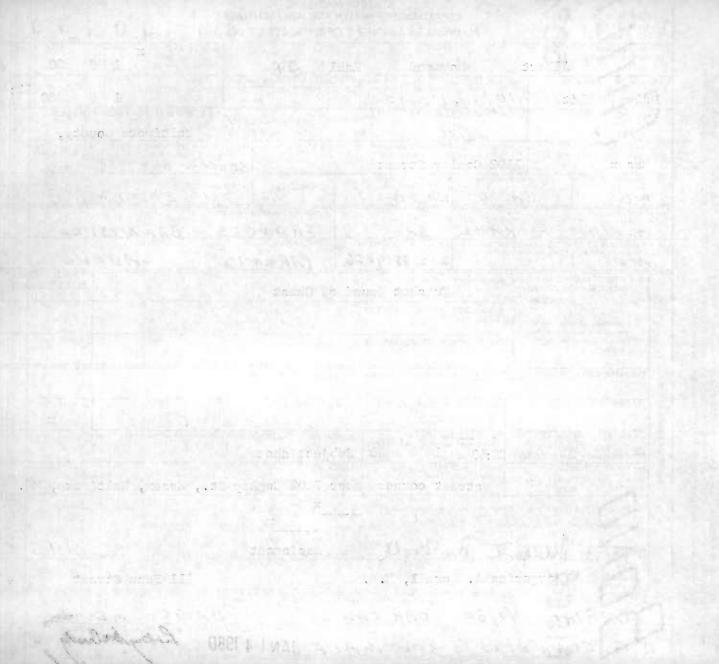
CHARLED AND ABOUTED AND AND SOUTH STANFORM

1		1.	FOR STATE		DEPARTMENT OF	HEALTH	I AND MENTAL HYGIEN					
0			REGISTRAR	ME		IER'S	CERTIFICATE OF DEA	REG. NO	0 4 2 8			
	SE		CEASED NAME FIRST ELEA!	YOR C	AROLINE	<u> </u>	JONES	20. DATE KNOWN OF ESTI- DEATH MATED	1/25 19 80 2 30			
	Y, PLEASE VRECTOR. UR FILES. PHOURS N STREET,	3. SE	4. RACE	5 DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	IDER 1 YR. IF UNDER 24 HRS.	2c. DATE	MONT DAY YEAR 24 HOUSE			
	OF LI O IN IN.		Female White			RS. MONT	HS DAYS HOURS MIN.	PRONOUNCED DEAD	1/25 1980 P. M			
	SANTES	FC	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WI		8. MARR	ED T NEVER MARRIED	9. BALTIMORE CITY OF				
	Z 110.140 - 3 -		lto. Md.	U. S. A		WIDOW		Baltimore	MD.			
	PAGE 5 PAGE 5 BE FILED.	11	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)	E, OR OTH	w, Md.21021 Ho	UAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)	OR INDUSTRY			
	DELA 3 TO IN PA	_	radshaw AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION OF	nes ra. Br	adsna	W, Ma.21021 Ho	use wile	Home making			
21201	IF ANY DELA 2, AND 3 TO 3. RETAIN PE SHOULD BE IL RECORDS.	13a. S	Md. Bal	timore	Bradshaw	,	13d. INSIDE CITY LIMITS? 13 STR	325 Jones Ro	d., Bradshaw, Md.			
, MD.	S THE STH		ATHER'S NAME Henry	WIDDLE	Coster		15. MOTHER'S MAIDEN NAME FIRST Margaret	MIDDLE	Winkler			
ORE	PAGE ORM ORM N OF	16a. V	VAS DECEASED EVER IN U.S. AF		16b. SOCIAL SECURIT	YNO.	17. INFORMANT	ADDRESS	10325 Jones Rd.			
ITIM	S AFTI	(Y	ES, NO, OR UNKNOWN) (IF YES, GIV	WAR OR DATES)	213-36-945	51	Mr. Clarence	S. Jones Sr	BradshawaMd.2102			
DS, 301 W. PRESTON ST., B.	XECUTED WITHIN 24 HO IG" IN PENCIL IN ITEM 1 IG" IN PENCIL IN ITEM 1 EVITALIA-IRANIST PERMIT AND MENTAL HYGIENE, ON, OR REMOVAL.		Conditions, if any, which gave rise to immediate cause (a) stating the under lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	D BY: TE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE	OF	yo cardination care or condition given in part 1 (a).	lind for contraction	APPROXIMATE INTERVAL MBETWEEN ONSET AND DEATH			
RECORDS,	MEDIN MEDIN AS A ALTH EMATI	NOL	7	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?								
	00 = 55	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	W MOITA	AS PERFORMED?		20 AUTOPSY? YES NO NO			
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NO.	RTIFIC IG TH SHOU PART/	MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M	. 19							
DIVIS	WRITING WARDED WARDED PAGE 3 S TATE DEP	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY STATE			
•	XAMINER: 1 LERTIFICATE, LD BE FORV NIRECTOR: P WITH THE ST ARYLAND, 21:		22a. I certify that I taak char	ge of the remains descral causes		Autap	TITLE (SPECIFY)	Inquiry , and ermined manner ,	DATE 1/21/80			
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, M.		EXAMINER'S NAME K.	s. AHU	-UWAL	IA	ADDRESS 2112, D.	undelk,	Du Bilgrisss			
		23a. B	JRIAL, CREMATION, REMOVAL		23c. NAME OF CE		City	OCATION OF TOWN	COUNTY STATE			
0000	BP	24. FI	Burial	1-28-1980	Gardens	OI I	aith Cem Ro		Ltimore Md.			
	OHMH - 17 (VR A15 ME (5)) 15M 7/77	E.	F. Lassahn, 117	O Belair	d.Kingsvil	Le, Md	111111111111111111111111111111111111111	1300	Try/Kelredy			
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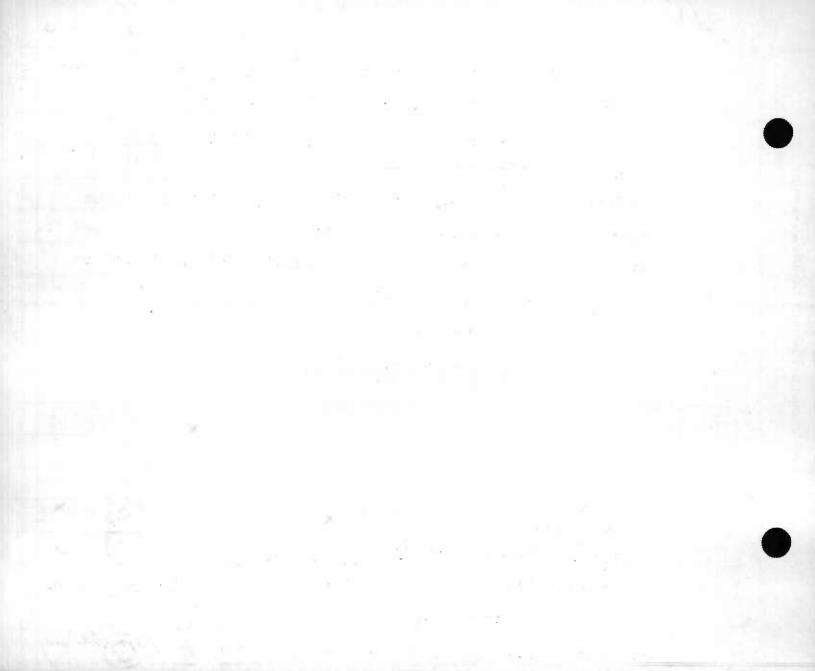


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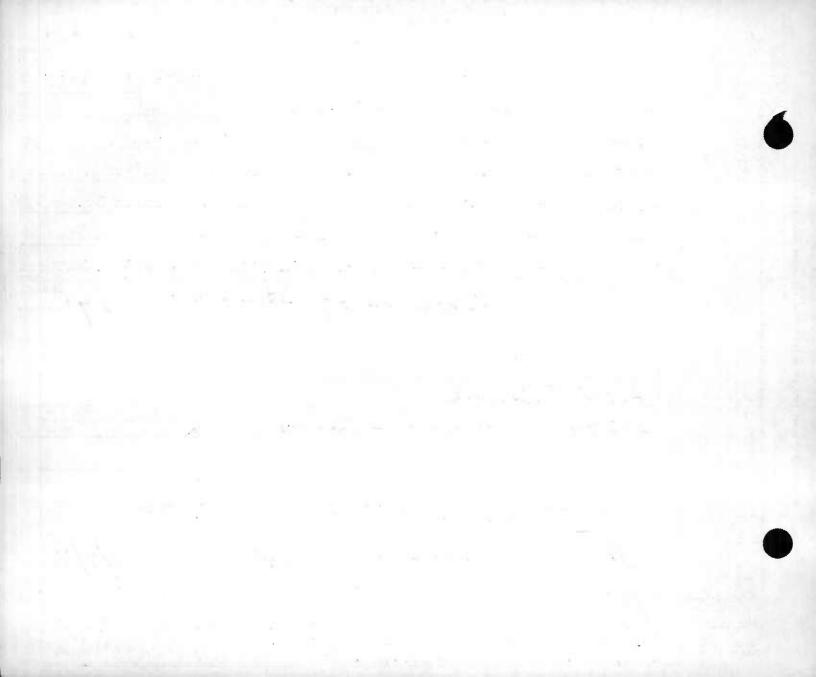
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHL REGISTRAR 20. DATE KNOWN TO DECEASED NAME 2b. HOUR (TYPE OR PRINT) ESTI-Albert. DEATH MATED Raymond Kah1 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 12:45 DATE LAST BIRTHDAY PRONOUNCED 19 80 10 Male White DEAD A BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE MARRIED | NEVER MARRIED FOREIGN COUNTRY) Baltimore County, DIVORCED MD IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 7102 Conley Street Essex SCHOOL USUAL RESIDENCE (1) IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO C ERST BRUCK 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE OF VIT DIVISION (YES. NO. OR UNKNOWN) 212 88 9066 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot Wound of Chest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [BURI 216. TIME OF INJURY HOUR AM: MONTH DAY 210. EXTERNAL CAUSE WAS 2 LC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR MEDICAL Subject shot CONTRIBUTING CAUSE OF DEATH 10:43P.M PRIOR 211. LOCATION 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED WHILE AT WORK AT WORK near 7102 Conley St., Essex, Baltimore, Md. street corner X 22a. I certify that I taak charge of the remains described obave, held on Inspection L Inquiry ond in my opinion Homicide X, Natural causes Undetermined manner TITLE (SPECIFY) 1/5/80 Assistant DEATH, SIGNATURE Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY BALTO. **DHMH-17** VR A15 ME (51) 15M 7/76



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1	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	REG. NO.	0 44	3 4
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72 Page 172 Page 1	C	RTHPLACE (STATE OR FO. DUNTRY) Aryland	REIGN 76		WHAT COUNTR	/? 8. MARRIEI WIDOWE	DI NEVER MARRIED	1	ecity <u>or</u> cou more C	ounty	ME
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ould be	13a. S	at residence (if nursi state aryland	136. COUNTY	THER INSTITUTION	Baltin	ORE ADMISSION)	134 INSIDE CITY LIMITS? YES MO	13, STREET A	poress Robi	nson St	t.
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Poges 7		VAS DECEASED EVER I VES, NO OR UNKNOWN)	N U.S. ARMI (IF YES, GIVE W		717-07		Freda H.S	Smith(c	ADDRESS laughte		
g physicio conpapers removal event, the		18 CAUSE OF DEATH PART I. DEATH W	Enter only AS CAUSED IMMEDIATE		er line for (a), (b),	ond icu	of Sc	toma	ch.	BETWEE	NONSET AND DEATH
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if. Then plant to but	TION	PART 2 OTHER SIGN ASC V 196 DATE OF OPERAT	+	Dure	all		NOT RELATED TO THE TERM	AINAL DISEASE		YES, WERE FIND	
isit permigiene pr	CERTIFICATION	2/13/7	9	CAR	RCINOM		2 Stommen	YES 🗌	NO NO IN CE	RTIFYING CAUSI YES 🗌	ES OF DEATH?
s certificate burial-transi Mental Hygi ir Item 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	HOUR	P.M	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTERNATI	URE OF INJURY IN ITEM	18, PART I OR PART 2)	
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CTOR. A for use of Healt		22a 1 certify that (I) sow the decease gloove, (I) (would	d olive on	12/2	28/14 19		nd that in (my) (our) opinion	deoth occurred	on the date and		
AL DIRECTOR OF THE TOTAL DIRECTOR OF THE		226 SIGNATURE	ul	2.7	Donka	N		MEDICAL DIRECTOR [STAFF PHYSICIAN	1./.	7/80
TO FUNERAL should be det with the State		Dr. Ja			.s		Franklin S	Square	Medica	l Arts	Bldg.
£ 5 3 <u>S</u>		Burial, CREMATION,			'80 C	lak I.a	emetery or crematory wn Cemetery	23d. LOCAT CITY OR Ba:	ltimore	Mary	land
DHMH-16 20M VRA 15, 41 7/78	24. F	SEN1MARel	Fun	eral	A02425	Bl Bre	hms Lan Ese. DA	TE REC'D. BY RE	GISTRAR 256 REI	SISTRAR'S SIGN	Cready



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

YEAR

2b. HOUR

20 DATE OF DEATH MONTH

FOR

STATE

REGISTRAR

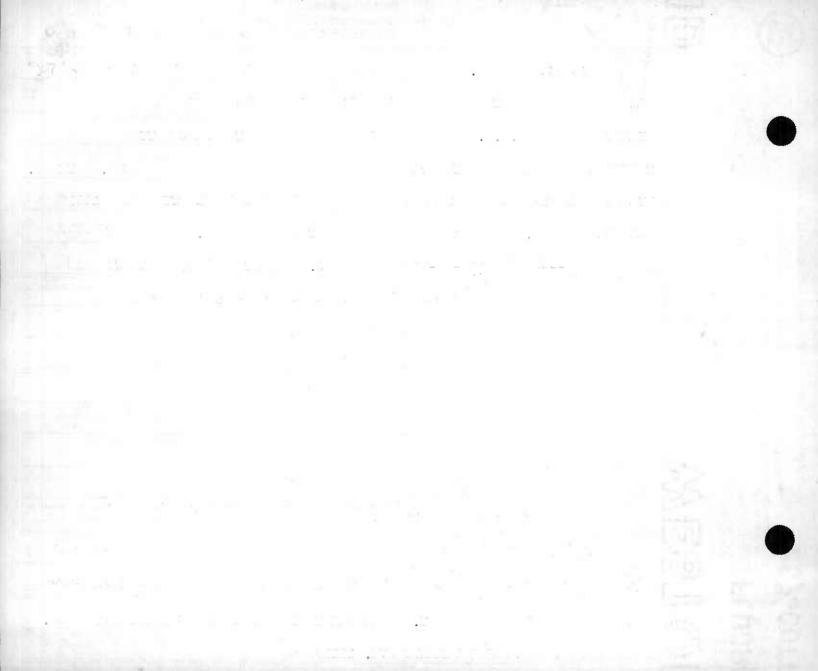
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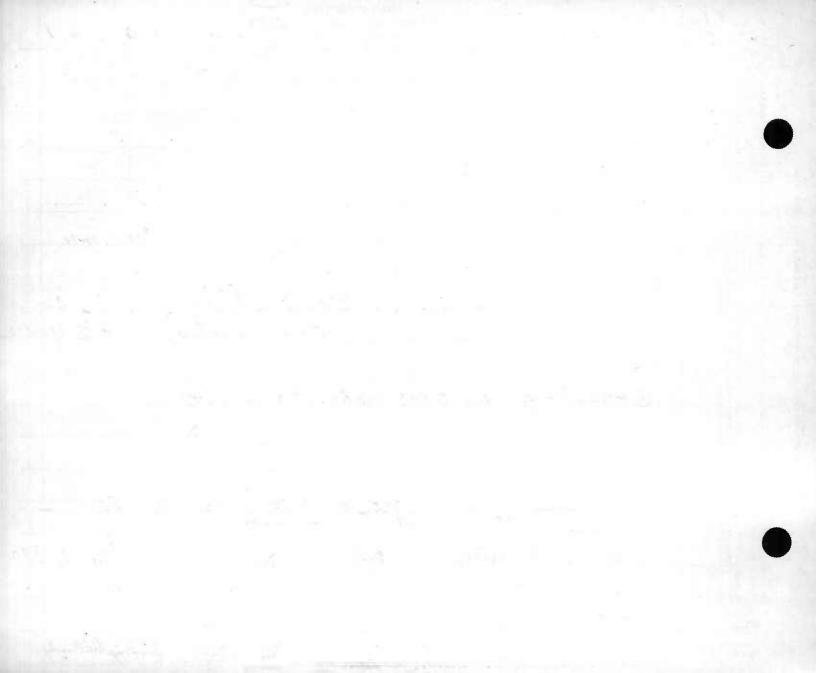
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DECEASED NAME

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4 E	affer p		3. SEX		4	RACE		15.	DATE O	OAY	YEAR		YEARS LAST BIRTH	DAY)	MONTHS	DAYS	HOURS	ER 24 HRS
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	rol o 72 h	25	CC	DUNTRY		76 CITIZEN OF WHAT COUNTRY?		1 ^	AARRIE	RRIED NEVER MARRIED OWED NORCED			BALTIMORE CITY OR COUNTY OF DEATH					
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21201 hours ofter	by the	90	С	ATONSVILLI	2	1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOUSE IN THE PINES			ES)				ORK FOR MOST OF		IFE) INC	DUSTRY		CO.
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MAI ed v	ond ond	20		CHARLES		V.	KEME			HE	ESTER		A.			UNKN	IOWN	[
ORE,	equires that the death certificate be execut in signed by the attending physician and ca Then please remove carbon papers. Pages I to burial, cremation, or removal.	1	16a W	AS DECEASED EVER	IN U.S. ARM		166 SOCIAL	SECURITY	NO.	17 INFORM	ANT		ADDRES	S				
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BALI				18 CAUSE OF DEAT PART I. DEATH W			1111 20111	bi, and ici	1/-	1	You.		-/	A		APPROXI	MATE INT	ERVAL ND DEATH
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ESTO deoth	otte			Conditions, if any,		(b)_	11/13	1601	1 and	0-6	100-	_			\rightarrow			
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DS, 20 quires 1	signed hen ple to burio ijury, or		Z	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS C	ONTRIBUTING	G TO DEA	TH BUT	NOT RELATED	TO THE TERM	AIN AL DISE	ASE OR COND	ITION GI	VEN IN	PART 1(o	1	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftending physician.	heer prior	9	CERTIFICATION	19a DATE OF OPERA	DITION FOR W	HICH OPE	RATIO	WAS PERFO	DRMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					ATH?			
TAL	_ U D	4	ERTI	210. ACCIDENT WAS UND	DERLYING T	71h TIME (OF INJURY			1717 HOW IN	ATURY OCCUR	YES _	NO		ES	BART 21	NO	<u> </u>
A NA	certificate mol-transi entol Hygi frem 18 sh	41		OR CONTRIBUTING	AUSE OF DEATH	HOUR A	.M. MONTH	DAY	YEAR		130K1 OCCOR	INCD TENTER	INDICATIONS	ild siem id,	PARTION	FOR1 2)		
PHYSIC anding	his certif buriol-t d Mentol or Item		MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR!			OF INJURY		19	211 LOCATI	ŌN							
IVISIC JG PH affend	0		ME		HILE [7]		TREET, FACTORY, O	FFICE, FARM,	ETC.	STREET			CITY OR TOWN	7	COL	UNITY	2	STATE
al o	TOR: After the for use as the of Health and 21 is marked			220.1 certify that (1) saw the decease	(this haspito	1) oftended to	he deceased f	1980		that in (my	19 <u>70</u>	death accur	red on the dat	e and ha	, 19_3 ur and f			(we) lost
hospit	DIRECTOR. ached for us Dept. of He f hem 21 is			22b. SIGNATURE	fid) (did not)	the bod	y ofter death.			DEGREE						c. DATE :		
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O HOSPII	TO FUNERAL should be deti	1		12d PHYSICIAN'S NA	AME (TYPE OR P	PIN	901	1/		33 S	2 W.	itre	ns D	We-	- 1	Ball	100.	no
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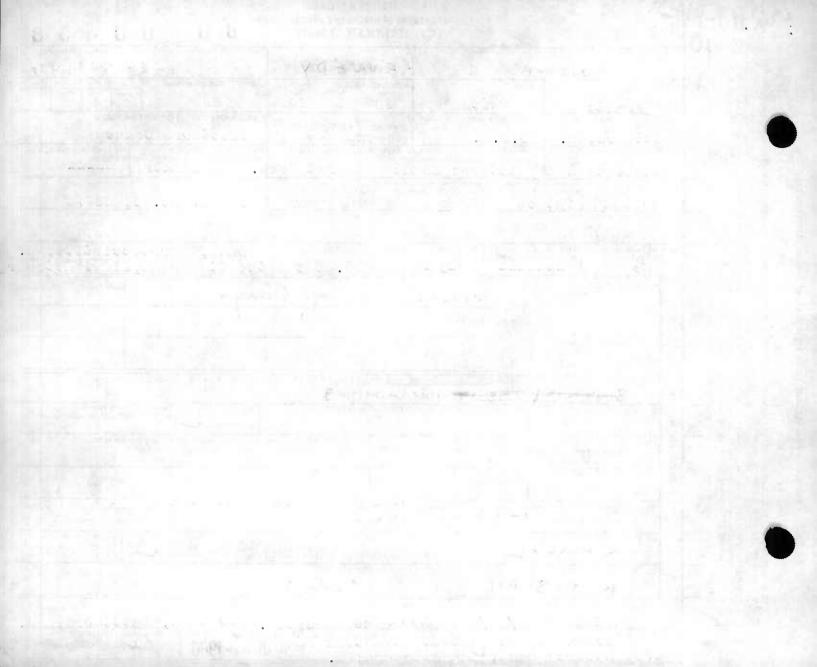




8728 Liberty Road, Randallstown Md

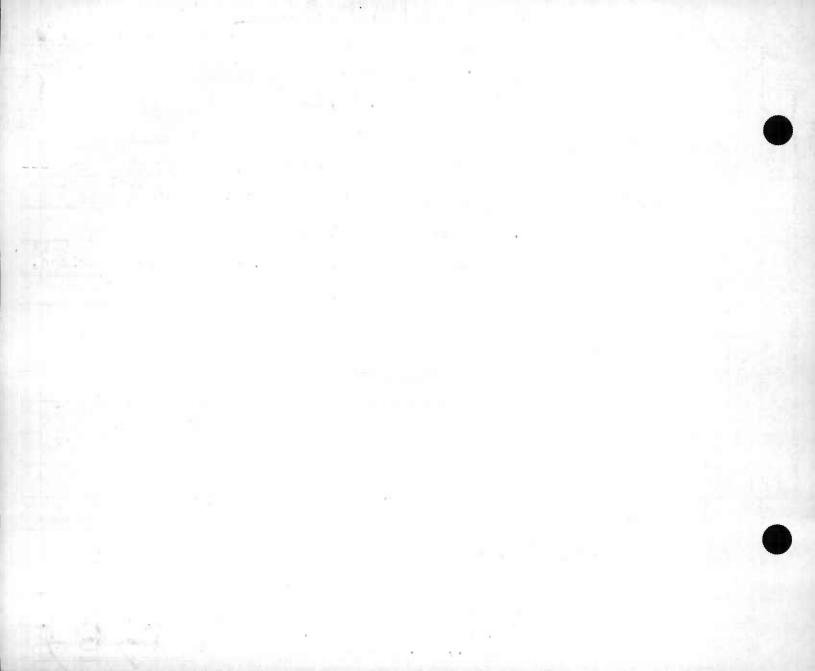
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

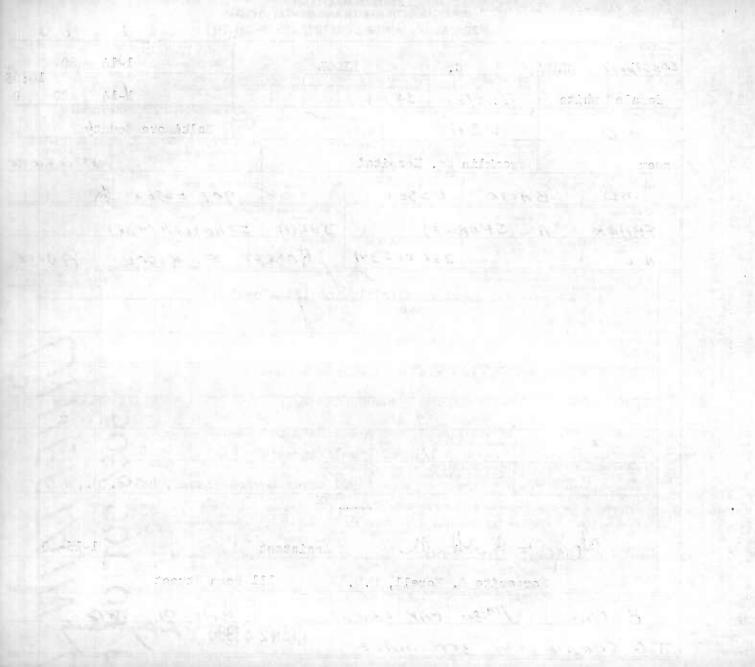


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH L DECEASED NAME MIDOLE MONTH 2h HOUR (TYPE OR PRINT) F. Benjamin 1/9/80 Kennev 1:00P M AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH HOURS 1885 Male 20. White Nov. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County USA Marvland WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR IN CITY OF TOWN OF DEATH 12a, USUAL OCCUPATION (FNOT IN SUCH FACRITY, GIVE STREET ADDRESS)
Greater Baltimore Medical Center (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Chairman of the Towson Board USUAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 5 Central Savings 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 326 Tunbridge Road Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Roth Elizabeth Kenney Joseph В ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) San Francisco. 01 0664 Richard F. Kennev APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY: Respiratory Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Pneumonia Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO A 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE /9/80 22a.1 certify that (1) (this hospital) attended the deceased from. the deceased alive on. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated blove, (II (we) (did) (did not) view the body after de 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF id be deto the State [PHYSICIAN ☐ DIRECTOR ☐ PHYSICIAN ☑ MPORTANT 276. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS James P. Bennett, Jr., M.D. GBMC, 6701 N. Charles St. 21204 2%. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE COUNTY Burial Loudon Park Baltimore Md & Sons Co . 25a. DATE REC'D. BY REGISTRAR 25b. RE 24 FUNERAL DIRECTOR Jenkins DHMH-16 20M 21212 Balto., Md. Road

(VRA 15, 4) 7/78



	10	I	tems #18a-	22a Fil	Lm G541 3	EPARTMEN	STATE OF A	AARYLAND	TAL HYGIF	NE				
11		1-	STATE REGISTRAR				MINER'S		44	in to	REGUIO	0 4	4 ()
1			CEASED NAME	FIRST		WIDDLE		LAST		20. DATE OF		MONTH DA	YEAR	26. HOUR
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	H 2 H 2 K	3. SE			DATE OF BIRTH	YEAR LAS	BIRTHDAY) MONT		UNDER 24 HRS	PRONOUN		MONTH DA		10:05
	SARY		female wh	ite	CIVIZEN OF WH		F YRS.			DEAD		1-14 R COUNTY OF	19 80	P _M
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	EXAMINE CERTIFICA JLD BE FO DIRECTOR WITH THE ARYLAND,		death resulted from	: Natural d	causes \square ,	Accident ,	Suicide X	" Hamicide	Unde	etermined mo	inner ,			
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150	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIR BALTMORE, MARYLAND, 21;	23a.B	URIAL, CREMATION, F		DATE		OF CEMETERY O		7 23d. L	LOCATION		COUNTY	STA	ATE.
	BP	24.5	BUKIA INERAL DIRECTOR	L.	1/19/80	OAK	LAWI	v	DATERICA	BAL		MA		
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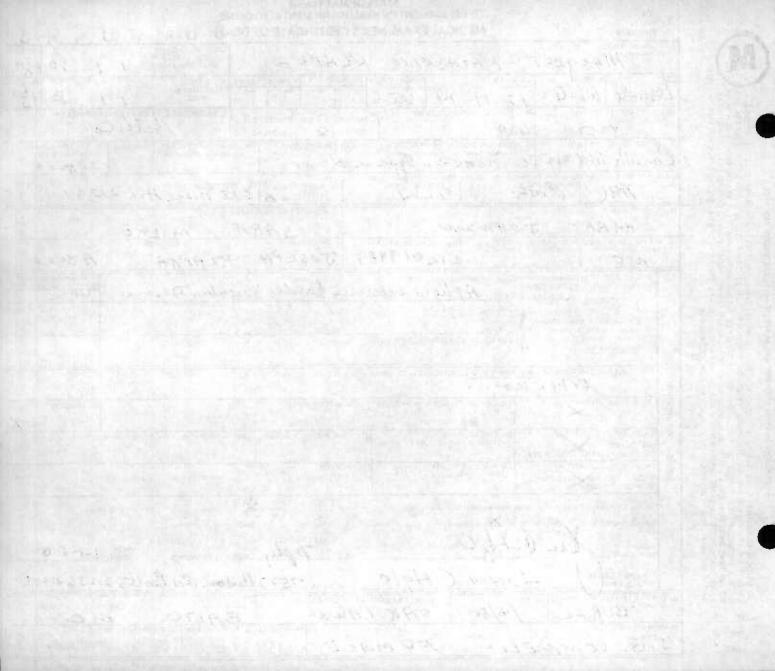
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-Lester DEATH MATED King 1980 6 AGE (IN YEARS IF UNDER 1 YR 2d HOUR SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 4:50P Male Black 25 YRS DEAD 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? NEVER MARRIED FOREIGN COUNTRY Baltimore County, WIDOWED DIVORCED A CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY Dundalk Carver Road Unstruction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS .. 13CCITY OR TOWN 13d INSIDE CITY LIMITS? 14MEr3 YES X NO [WITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE George L. King PAGES 1 AND Mary Vaughn 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? PAGES 218-58-9756 no George L. King 643 S. Avondale 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wounds of chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? Q. BURIAL YES W NO E 3 SHOULD BE I DEPARTMENT C PRIOR TO BURIAI 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR TO MONTH DAY YEAR UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 2 : 40 P.M. subject shot 21e, PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. STATE CITY OR TOWN COUNTY WHILE NOT WHILE back yard Carver Rd Dundalk Balto MD 220. I certify that I taak charge af the remains described obove, held on Inquiry Homicide X Undetermined manner death resulted from: TITLE (SPECIFY) AGE 4 SHOOT OF FUNERAL DISTRIBUTION OF FUNERAL DEATH, AFTER DEATH, AND OF THE OFFICE AND ACTUAL M. Deputy Chiefedical Examiner SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn St. Balto., MD. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE andalls-town Burial 25a, DATE REC'D. BY REGISTRAR 25b. P 24 FUNERAL DIRECTOR **DHMH-17** Jas. A. Morton & Sons 1701 Laurens St. VR A15 ME (5))

Alabaman . 2 Eld: mar . 1 manos . Avan la La Tre. A. Morton E Cone 2701 Lourens St.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS emak TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDO WED Baltimore County DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Cinder Road (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Timonium Radiroad Clerk USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Timonium 1 Cinder Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Unknown Henry Houck 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Torcinder Road 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Pag 215-24-0897A Kitchen, Timonium, Md. 21093 Rav APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line form), (b), and ic PART I. DEATH WAS CAUSED BY MEN + IMMEDIATE CAUSE ID gave rise to immediate cause ia stating the otho underlying couse ö a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION WE DATE OF OHERABON THE CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? AN YES ! 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJUREM 18, PART 1 OR PART 2) HOUR AM MONTH YEAR H. HOTHY WEDICAL EXAMPLE 21d INJURY OCCURRED TIE PLACE OF IN III. LOCATION EAT HOME STREET, FACTOR COUNTY STATE XBOW 18 AT WORK opinion dedin occurred 27x I certify that (I) (this hospital) attended the dec (our) on the date and hour and from the gauses stated ATTENDING DIEDICAL PHYSICIAN DIRECTOR 77h SIGNAT STAFF DIRECTOR PHYSICIAN 224 PHYS CTAN ON AME (THE OF PERST) The ADDRESS 23a BURIAL CREMATION, REMOVAL 23h DATE NAME OF CEMETERY OR CREMATORY 73c 23d. LOCATION STATE Burial 2-4-1980 Cem. Mifflinville, Columbia Mifflinville AFUNEAU DIRECT DHMH - 16 60W 7/73 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LATTING / ACCURAGE (VR A 15 (4)) New Freedom, Pa.

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LTIN AFT NH F GGES ISIO	()	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	2120194	99 JOSEPI	Y KLAPKA	ABOVE
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LIEVA BP	(:	BURIAL	1/4/80	OAK	LAUR	BALTO.	COUNTY STATE
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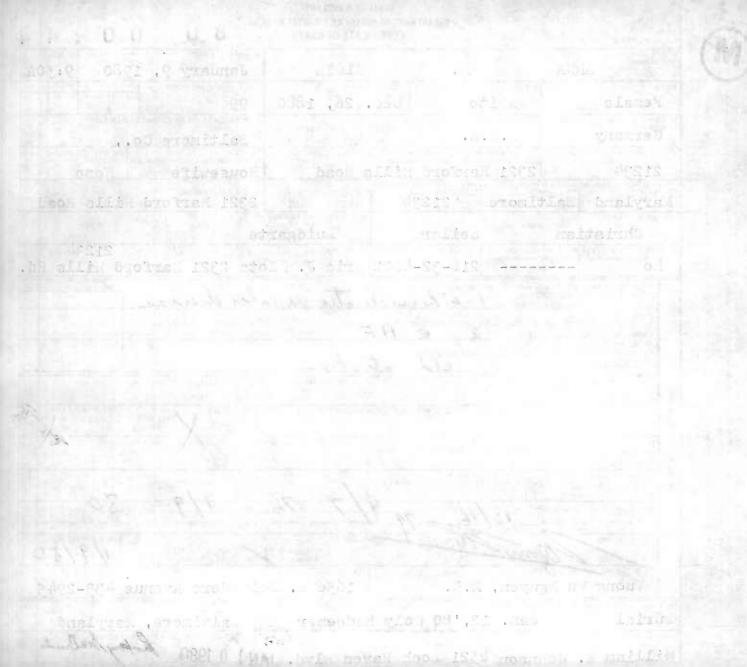
William E. Johnson 8521 Loch Raven Blvd.

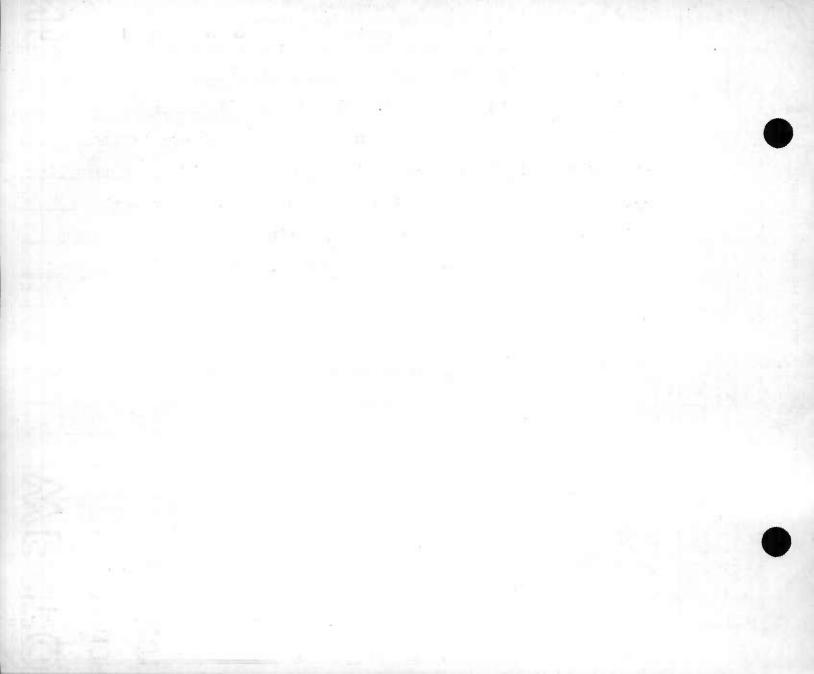
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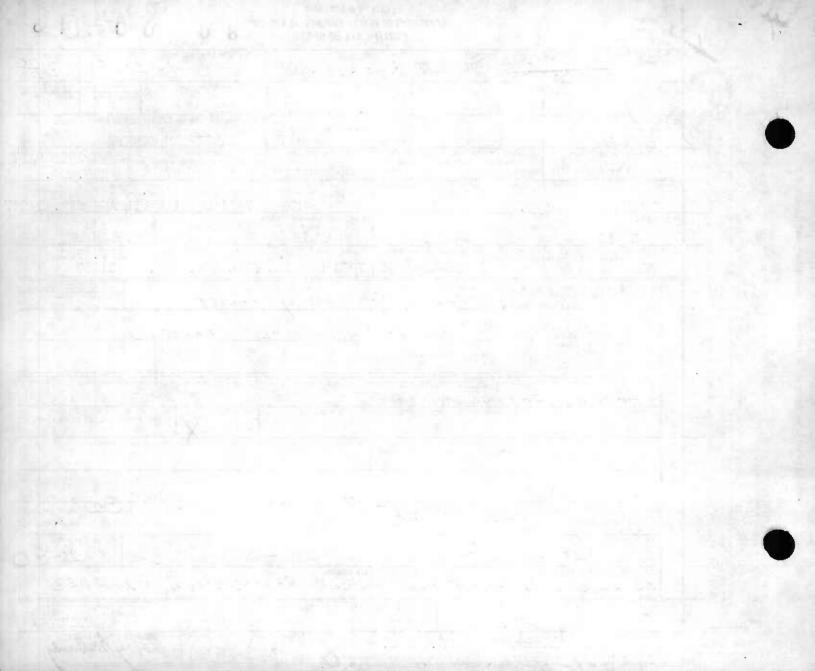
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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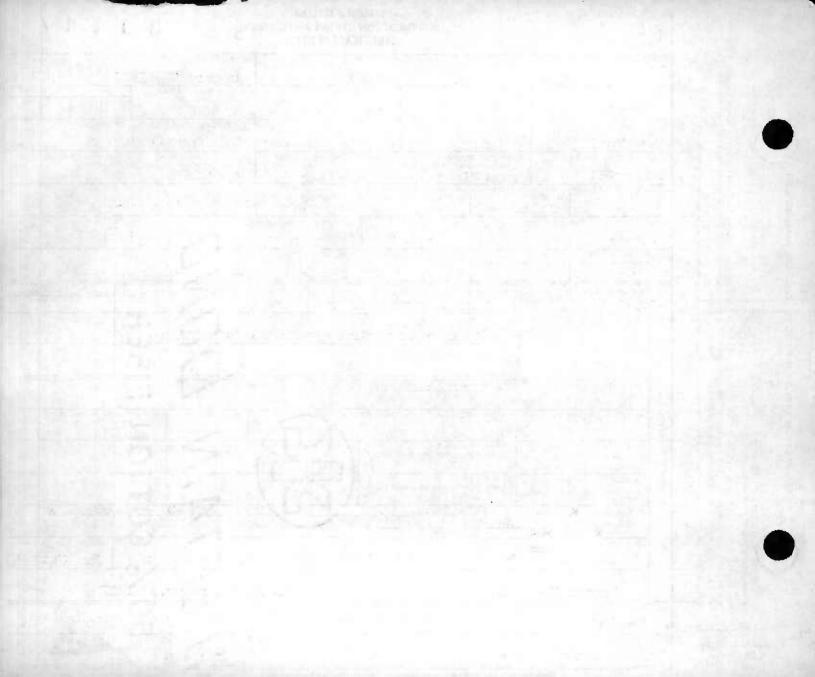
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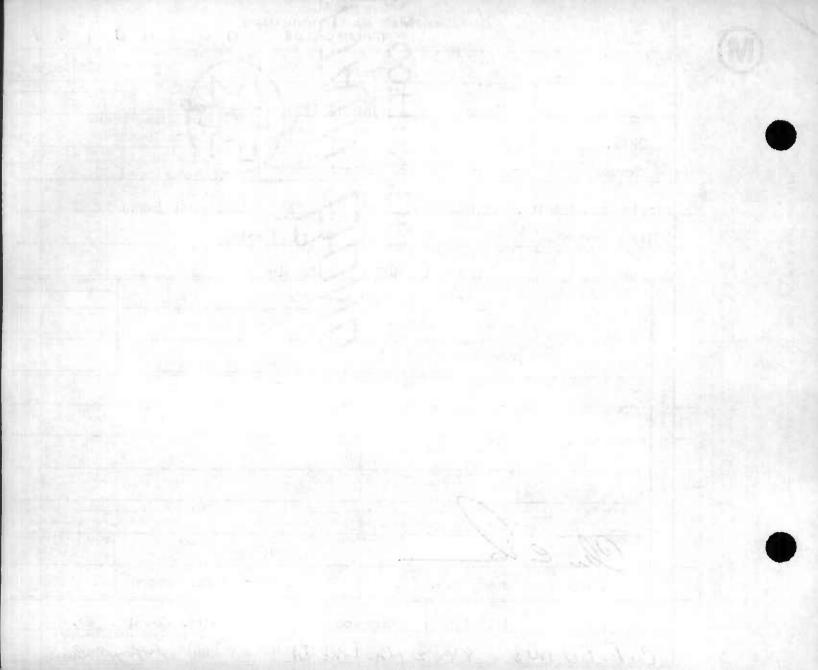


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のいりつ		ATHER'S NAME FIRST	м	IDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	***	■ MAST	
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Show s					YES NO	YESXX NO [
_		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8, PART 1 OR PART 2)					
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0 0	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE					
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<u></u> . <u></u>		22x I certify that (I) (this hospital saw the deceased alive on		Jan. 17 19 80		, 19, that (I) (we) lost					
121		above, (I) (ws: (did) (did not)		; one mer in (my) (corresponding	death occurred on the date and l						
# He m		The Sidesyngery	1/	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED					
7		(lly -	40	PHYSICIAN [DIRECTOR PHYSICIANX	1-21-80					
IMPORTANT: If Item		Charles C.	Brown, M.D.	22e ADDRESS 6701 N. Ch	arles St. Towso	n, Md. 21204					
<u>₹</u>	23g. Br	JRIAL, CREMATION, REMOVAL	23b. DATE 23c N	JAME OF CEMETERY OR CREMATORY	23d LOCATION						
	(5)	PECIFY)	1/24/1980	Parkwood	CITY OR TOWN	nty, Md.					
76	24 FU	NERAL DIRECTOR	1/24/1300		TE REC'D. BY REGISTRAR 25b. REG						
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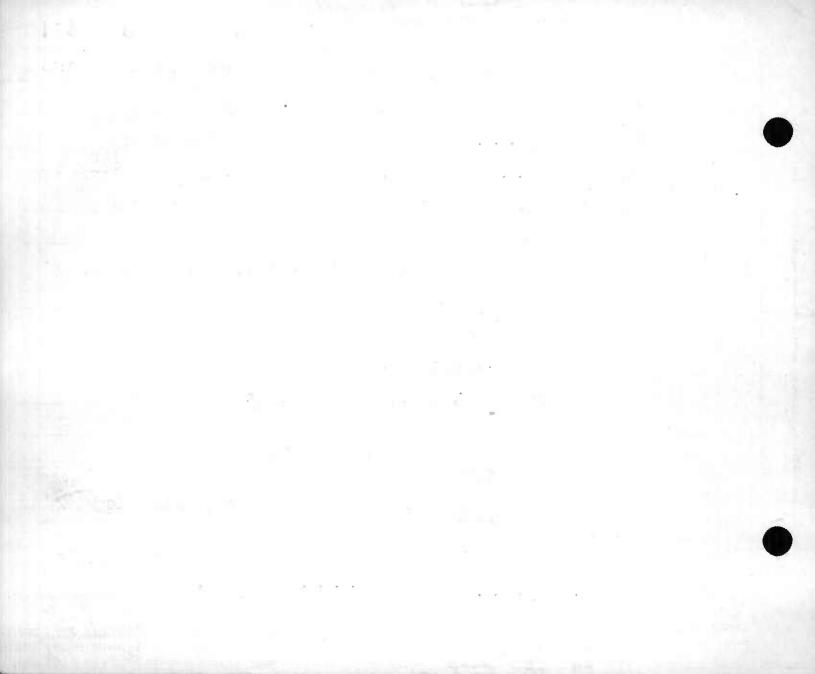


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR XC 25 506 241

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

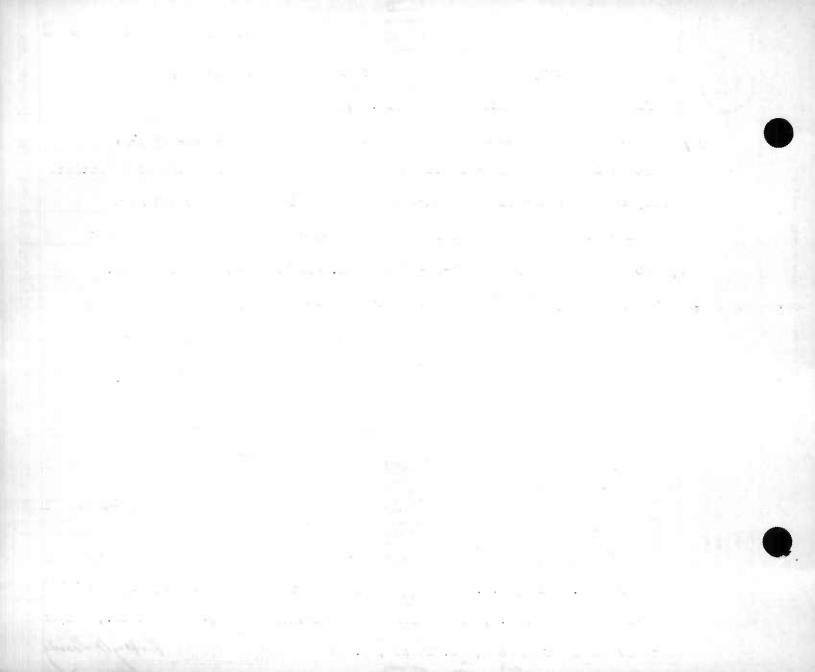
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ...

FOR

DIVISION OF VITAL RECORDS,

(VRA 15, 4) 7/78



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e av	s bee	CERTIFICATION	198 DATE OF OPERA	TION	196 CONDI	TION FOR WH	HICH OPERATIO	N WAS PERFO	RMED	20a AUT	OPSY?	206. IF YES	WERE FIN	DINGSU	SED
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Evans Funeral Chapel 8800 Harford Road

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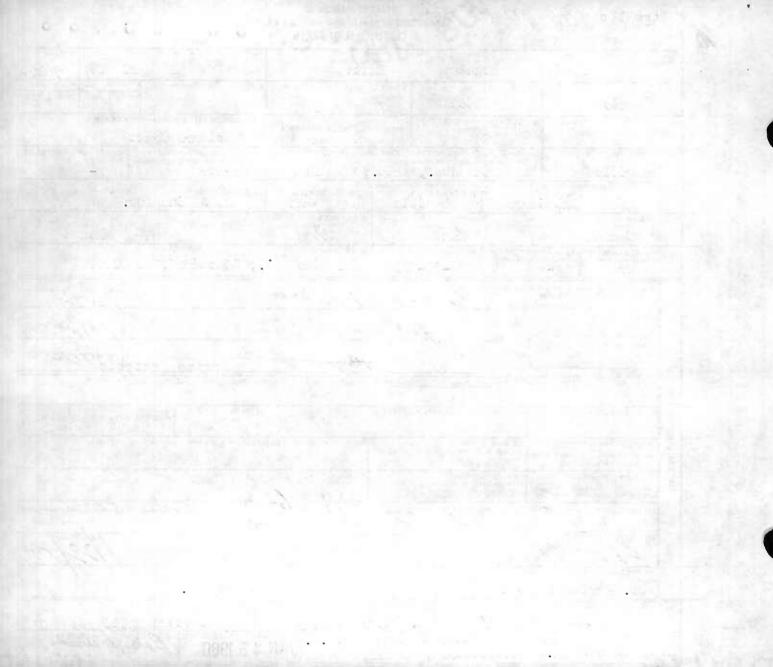
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12 2			STATE OF MARYLAND	
X	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5 5
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
(00)		CEASED NAME FIRST	MIDDLE LAST TO DATE KNOWN TO MONTH	DAY YEAR 25 HOUR
1 [[44]])	(TY	JOSEPH JOSEPH	O A III OF ESTI-	3.2
200	3. SE			8 1980 AM
E 2 2 2 15	3. SE	X 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 24 HOUR
X 2 2 2 3 4		MIN	12/5/13 66YRS. DEAD 1/2	8 8019 A M
- SEA - SEA	70. B	IRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	
4 A A A A A A A A A A A A A A A A A A A	1	DREIGN COUNTRY)	1160	
ZZno3 —	10.0	ITY OR TOWN OF DEATH	STORES STORES	COUNTY MD.
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1 A M 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1		VNK		BOVE
HALT URS A B GWITH WITH PAG DIVISI		18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
# 525£A		PARTI DEATH WAS CAUSE	DBY:	BETWEEN ONSET AND DEATH
8 220E8		LLASO IMMEDIA	TE CAUSE (a) Longe Thus Caronic For this	
E SE SE SE		Canditions, if any, which	DUE TO, OR AS A CONSTOUENCE OF	
E 522512	100	gave rise to immediate	(b) Chronic Mylex Pension	
¥ CANAGE		lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	
S, 301 V		lying cause last.		
DS, 30 XECU CAL E BURIL AND ON, C	7.8	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CORDS, SE EXEC NUBING WEDICAL AS A BUT AND MATTHER AND	z		The results of the result of the condition distanting the result (0).	
	MEDICAL CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	To the second se
AL ALE	5	176. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
日 王生の二つる	E		기상 기요 그리고 있으면 그 점심 회원은 사용하는 것 같은 그리고 있는데 되었다.	YES NO
	B	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	T 2)
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S CERTIFICATE RITING THE RITING THE RITING THE ROBE TO THE E 3 SHOULD E DEPARTME PRIOR TO BU	ĕ	21d. INJURY OCCURRED	21e. PLACE OF INJURY (ATHONE. 21f. LOCATION	
Z	M.	WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR YOWN COU	NTY STATE
P. THIS TE, WRI DRWARD :: PAGE	100	AT WORK AT WORK		
2 0 -1 %	300	22a. I certify that I took charg	e of the remains described above, held an Autopsy 🔲, Inspection 📈, Inquiry 📈, and in my api	nion
EXAMINER: CERTIFICATE JUD BE CONTHINE SINGLE			al causes, Accident , Spicide , Homicide : Undetermined monner ,	
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EXAM CERTI DULD E DIREC I, WITH		ACTUAL FILE	TITLE (SPECIFY)	1/8/80
CAL CAL THE RAITH EE, A		SIGNATURE	M.D. MEDICAL EXAMINER SIGNED	, 10/00
N P P P P P P P P P P P P P P P P P P P		EXAMINER'S NAME	S AHLUMALIA 2112 Dunlalk AU	0 1/2 2 200
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TO MEDICAL EXECUTE THE C PAGE 4 SHOUL THE C TUNERAL D AFTER DEATH. WE BALTIMORE, MA	23a.B	URIAL, CREMATION, REMOVAL 2	36. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF COUNTY	TV
70 BP7	1	REMATION	11/9/90 SECURITY PROCESS BALTO. MA	STATE
DHMH - 17	24. F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE %.
(VR A15 ME (5))	-	F.E. CONNE	LLY ADDRESS 300 MACE IANI A 1980	1 20
15M 7/77	<u> </u>	J.M. CONTE	LLY 300 MACE JANI 4 1980	-CASES

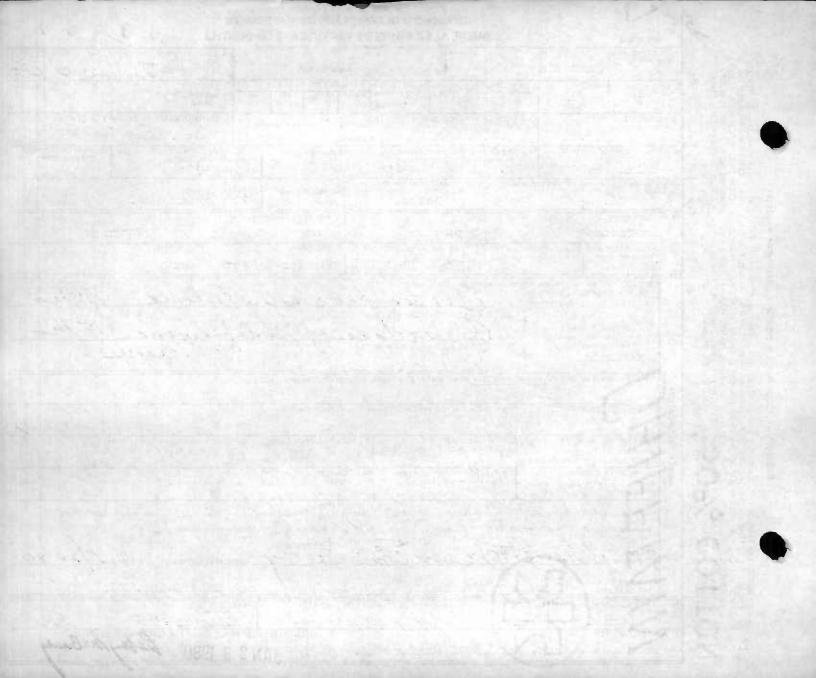
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10		STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	, ,, 5 0
death death		CEASED NAME FRST E OR PRINT) Irvin	Stanley	Kuntz	20. DATE OF DEATH MONTH DA	10.110011
s after de	3 SE	x Male	RACE White	5. DATE OF BIRTH MONTH DAY YEAR 7 2 1887		UNDER 1 YEAR # UNDER 24 HRS
72 hour	7a. B	IRTHPLACE (STATE OR FOREIGN 76 OUNTRY) MD	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MONORCED	Baltimore County of Baltimore County	
st-be not			1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 203 Pine Ave.,	NG HOME OR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Faymer	12b. KIND OF BUSINESS OR INDUSTRY
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medical exa	14 F/	ATHER'S NAME FIRST MIC CONTAC	odle last Kuntz	15. MOTHER'S MAIDEN NA Alice	MIDDLE	Macken
the the		was deceased ever in u.s. armi yes, no or unknownj No —		2012 2201 Pine Ave	Evelyn Carter Baltimore, MD	21207
emoval.		IS CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY Facon	thromboss		BETWEEN ONSET AND DEATH
tion, or r r trauma		Canditions, if any, which	DUE TO, OR AS A CONSEQU	ENCEPOF CIV. Des	· ·	10 yron
al, cremat		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF Begger fler	Kriy Angina Pecto	Laypore
to burial	Z O	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	IN PART 1(a)
shows a	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
r Item 18	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2]
marked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of hear		220.1 certify that (1) (this heapter saw the deceased alive an above, (1) (we) (did) (did not)	1/19/19	and that in (my) toung apunion	death accurred on the date and hour	, that (i) (we) last and from the causes stated
State Dept.		226 SIGNATURE	What Mu	DEGREE ATTENDING PHYSICIAN T	MEDICAL STAFF DIRECTOR PHYSICIAN	12 BATE SIGNED
should be detactive with the State IMPORTANT:		224 PHYSICIAN'S NAME (TYPE ORP Dr. Edwin Pier	7 /			
5 - 5	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	OUNTY STATE
		Burial UNERAL DIRECTOR LOTING	1/24/80 Mt	. Olive Cemeteru	Randallstown Ba	



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

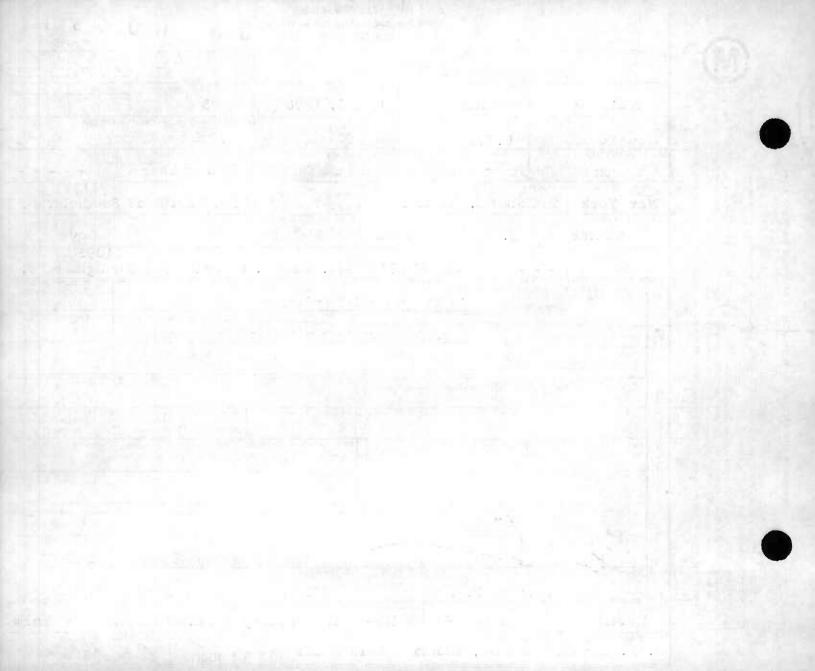
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,9	C	IRTHPLACE (STATE OR FOREIGN COUNTRY) Jew York	76. CITIZEN OF	WHAT COUNTRY? $oldsymbol{A}_{oldsymbol{\cdot}}$	MARRIEI WIDOWE	DINEVER MARRIED DIVORCED I	9. BALTIMORE CITY Baltimo	OR COUNTY		MD	
6	10 C	Towson	NAME OF US NOT IN SUC Greater	HOSPITAL, NURSIN HEACILITY GIVE STREET A Baltimot	G HOME C	dical Center	12a USUAL OCCUP. (TYPE OF WORK FOR MOS Homem		12b. KIND C INDUSTRY	12h KIND OF BUSINESS OR	
29	13a S	lew York Suf	VTY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Southold	N	113d. INSIDE CITY LIMITS? YES ? NO ?	13. STREET ADDRES	t Road	119 Southo	71 old, N. S	
18		Walter Walter	MIDDLE J.		ith	15. MOTHER'S MAIDEN N Mabel	WIDDLE		Lov	we	
3	16a V	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	069 01 5		Mr. Earl	J. Merwin		21093 oringla	ke Dr.	
	ATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2. OTHER SIGNIFICANT 199 DATE OF OPERATION	DUE TO, OI	R AS A CONSEQUE	Clero	tic cardiova		DNDITION GIVI	EN IN PART 100		
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1	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE.	HOUR A.	M. MONTH DAY YEAR		21c. HOW INJURY OCCU	UKKED (ENTER NATURE OF IN	JURY IN ITEM 18, PA	ART 1 OR PART 2)		
1	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		RM, ETC.) 21f. LOCATION STREET		CITY OR	OWN	COUNTY	STATE	
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		221 PHYSICIAN'S NAME (TYPE O		.D.		22e ADDRESS	Charles St.				
	73e. B	Burial REMOVAL	28 JA	STATE CONTRACTOR		Hill Cemete	ery Southo	ld Suffe	olk Ne	w York	

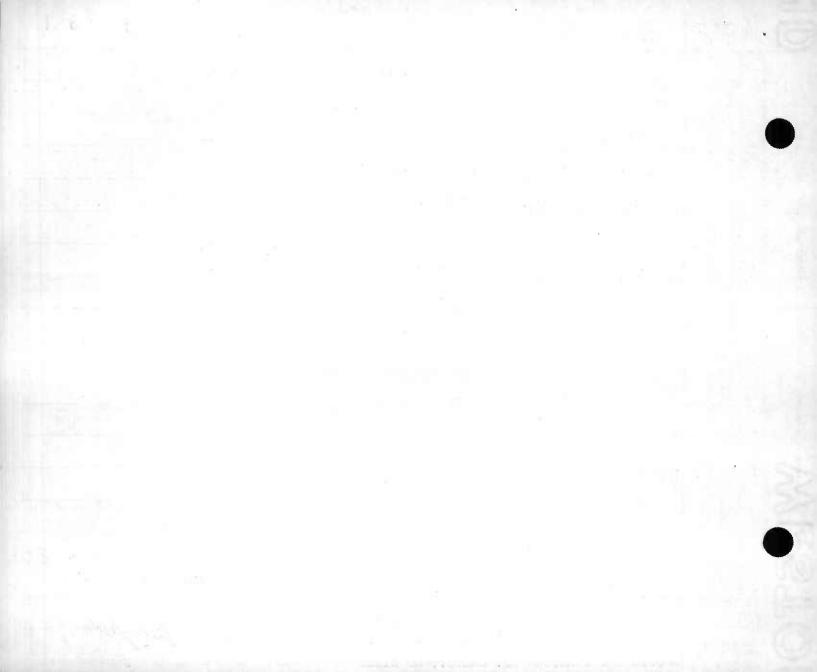
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REGISTRAR 256. REGISTRAR'S SIGNATURE





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ADDRESS

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Wm. Kepp Funeral Home

Cremation

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

FOR

- STATE

REGISTRAR

FIRST Elvis

DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH (NMN) MONTH Layne 26 HOUR 1980 25. IF UNDER 24 HRS IF UNDER 1 YEAR DAYS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** Hospital Avenue Ruley Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE

22c. DATE SIGNED

1-28-80

West Chester Chester, Pa

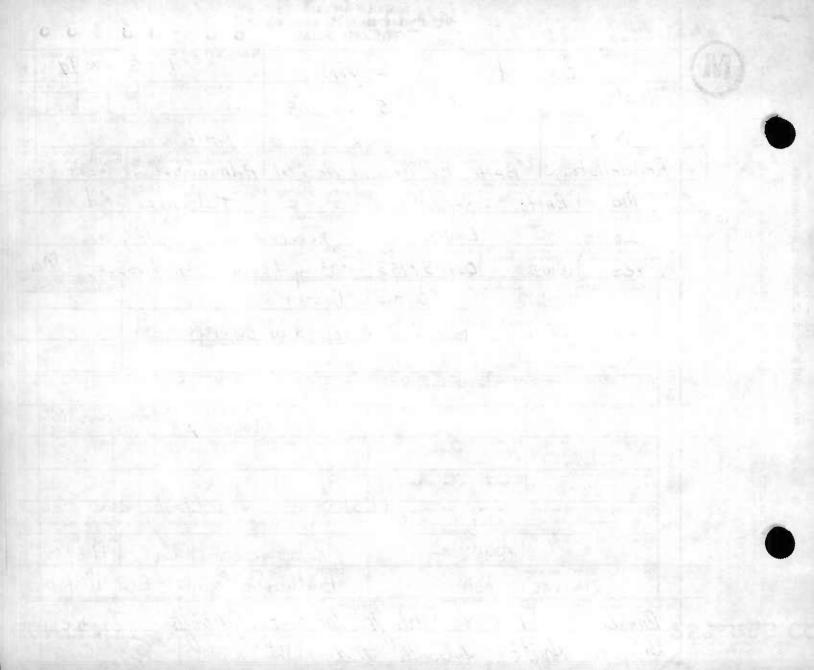
STATE OF MARYLAND

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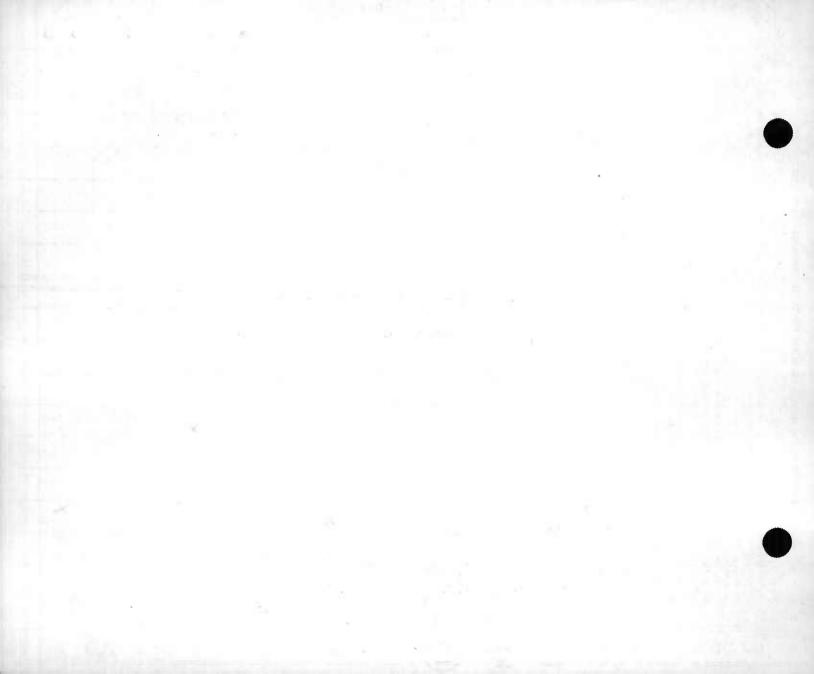
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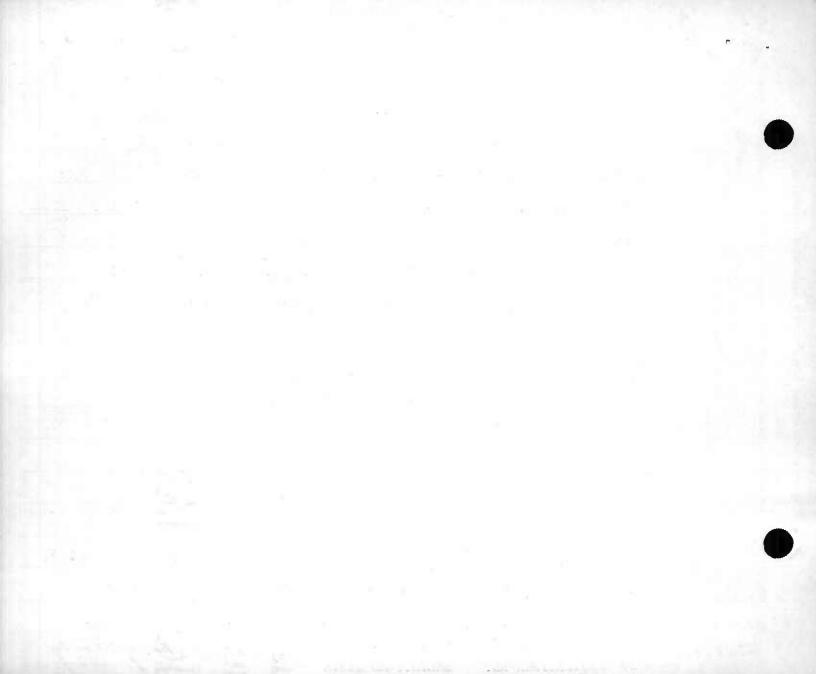
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



FOR

- STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) January 9 1980 6. AGE (IN YEARS LAST BIRTHDAY DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 3605 Malden Ave. LAST ADDRESS Balto. Md. 21222 Mrs. June Romeo 1955 Haselmere Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 80, and that in (1967) (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN STATE COUNTY Baltimore BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25n. DATE REC'D. Alan Seitz, Jr. Funeral Home 3818 Roland Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

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Person app. 21204		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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signed by the attending physicio

should be detached for use as the burial-transit permit. Then please remove corbangage with the State Dept. of Health and Mental Hygiene priar to burial, cremotion, ar removal.

TO FUNERAL DIRECTOR, After this certificate has been retained by the hospital ar attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NO.	37	-77			

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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION					DUE TO, OR	AS A CONSEQUEN	ICE OF							
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🔀 NO			PART 2 OTHER CICNIEIC	ANT CONDITIONS C	(-)	BUT HOT BELLITED TO THE								
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	- 1		ARI Z OTHER SIGNIFIC	ANI CONUITIONS C	DAIRIBUTING TO UEATH	BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITIO	ON GIVEN IN PA	IRT 1 (a).				
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	2	<u> </u>												
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	- 29		9a. DATE OF OPE	RATION	19h CONDI	ION FOR WHICH O	PERATION V	VAS PEREOF	RMFD?				20 ALITOPEY	2
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	- NOTA CIE	FICATION	9a. DATE OF OPE	RATION	19b. CONDI	ION FOR WHICH	OPERATION V	VAS PERFOR	RMED?					
216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	ACITA CIBITOR	EKTIFICATION								D (ENTER	NATURE OF INJURY IN 11	IEM 18 PART 1 OR	YES 🔀	
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	ACITA CISTAGO	AL CERTIFICATION	Ia. EXTERNAL CA	USE WAS	21b. TIME OF HOUR A.M	INJURY MONTH DAY	YEAR 21c. H			ED (ENTER P	NATURE OF INJURY IN II	IEM 18 PART T OR	YES 🔀	
	A CHARLES TO A CHARLES	DICAL CERTIFICATION	10. EXTERNAL CA	USE WAS OR CAUSE OF D	21b. TIME OF HOUR A.M EATH P.M	INJURY . MONTH DAY	YEAR	OW INJURY		ED (ENTER P	NATURE OF INJURY IN 17	TEM 18 PART T OR	YES 🔀	
	MOITA CISTAGO I A CASA	EDICAL	10. EXTERNAL CA UNDERLYING CONTRIBUTING 1	USE WAS OR CAUSE OF D	21b. TIME OF HOUR A.M EATH P.M 21e. PLACE (INJURY . MONTH DAY . 19 DE INJURY (ATHOR	YEAR 216. H	OW INJURY		ED (ENTERP			YES X	№ □
	MOLE CHILDREN	EDICAL	IO. EXTERNAL CA UNDERLYING CONTRIBUTING III. III. III. WHILE AT WORK AT	USE WAS OR CAUSE OF D RRED OT WHILE WORK	21b. TIME OF HOUR A.M. EATH 21e. PLACE (STREET, FAC)	INJURY . MONTH DAY . 10 DF INJURY (ATHO) ORY, FARM, ETC.)	YEAR 216. H	OW INJURY	Y OCCURRE		CITY OR TOWN	(YES X	№ □
220. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my apinian death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	NOTA CHILD	EDICAL	In. EXTERNAL CA JINDERLYING CONTRIBUTING In. INJURY OCCU WHILE AT WORK AT 220. I certify tha	USE WAS OR CAUSE OF D RRED OT WHILE WORK	21b. TIME OF HOUR A.M. EATH P.M. 21e. PLACE (STREET, FAC)	INJURY . MONTH DAY . TO FINJURY (ATHOROUSE, FARM, ETC.)	YEAR 21c. H	OW INJURY	Y OCCURRE	ın 🔲 ,	CITY OR TOWN	(YES X	№ □
death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .,	NOTE OF THE PARTY	MEDICAL	10. EXTERNAL CA JINDERLYING CONTRIBUTING 10. INJURY OCCU WHILE AT WORK AT 220. I certify the death resulted fro	USE WAS OR CAUSE OF D RRED OT WHILE WORK	21b. TIME OF HOUR A.M. EATH P.M. 21e. PLACE (STREET, FAC)	INJURY . MONTH DAY . TO FINJURY (ATHOROUSE, FARM, ETC.)	YEAR 21c. H	OW INJURY CATION STREET DSY Hami TITLE (5	Inspection	un , Undete	CITY OR TOWN	and in my	YES 🔀	NO STATE
death resulted fram: Natural causes , Accident , Suicide , Hamicide Undetermined manner ,	ACTA CHILDREN	MEDICAL	In. EXTERNAL CA	USE WAS OR CAUSE OF D RRED OT WHILE WORK	21b. TIME OF HOUR A.M. EATH P.M. 21e. PLACE (STREET, FAC)	INJURY . MONTH DAY . TO FINJURY (ATHOROUSE, FARM, ETC.)	YEAR 21c. H	OW INJURY CATION STREET DSY Hami TITLE (5	Inspection	un , Undete	Inquiry , ermined manner	and in my	YES 🔀	NO STATE
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE	NOTA CHILDREN	MEDICAL	In. EXTERNAL CA	USE WAS OR CAUSE OF D RRED OT WHILE WORK It I taak charge	21b. TIME OF HOUR A.M. P.M. 21e. PLACE (STREET, FAC) of the remains des	INJURY . MONTH DAY . TO PENJURY (ATHOROPY, FARM, ETC.) cribed abave, held Accident ,	YEAR 216. H	OW INJURY CATION STREET DSY Hami TITLE (5	Inspection	un , Undete	Inquiry , ermined manner	and in my DAT	YES 🔀 COUNTY apinian ENED 1/28/	NO STATE
death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE . DATE SIGNED 1/28/80 EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS . 111 Penn Street	7	MEDICAL	In. EXTERNAL CA JINDERLYING JONTRIBUTING INJURY OCCU WHILE AT 220. I certify the death resulted fre ACTUAL IGNATURE XAMINER'S NAMI TYPE OR PRINT)	USE WAS OR CAUSE OF D RRED OT WHILE WORK It I taak charge om: Nature	21b. TIME OF HOUR A.M. 21e. PLACE (STREET, FAC) of the remains des	INJURY MONTH DAY THOMPS (ATHOROGY, FARM, ETC.) Cribed above, held Accident , Colan, M. D	YEAR 216. H	OCATION STREET DOSY X, Hami TITLE (S	Inspection cide ,	Undete	Inquiry	and in my DAT	YES 🔀 COUNTY apinian ENED 1/28/	NO STATE
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE	X	WEDICAL WEDICAL (SPE)	In EXTERNAL CA JINDERLYING ONTRIBUTING Id INJURY OCCU WHILE AT WORK AT 22a. I certify the death resulted fro ACTUAL SIGNATURE XAMINER'S NAM TYPE OR PRINT) CIEY CIEY CIEY CIEY CIEY CIEY CIEV CIEV	USE WAS OR CAUSE OF D RRED OT WHILE WORK It I took charge om: Nature E Virgi	21b. TIME OF HOUR A.M. P.M. 21e. PLACE of the remains desided causes Inia L. D. b. DATE	INJURY MONTH DAY TOF INJURY (ATHOROGRY, FARM, ETC.) Cribed above, held Accident , Olan, M. D 136. NAME OI	YEAR 216. H	OCATION STREET DSy X, Hami TITLE (S	Inspection cide	Undete	Inquiry	and in my , DAT SIGI Penn S	YES X COUNTY apinian ENED 1/28/ Street DUNTY S	STATE

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FOR

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(TYPE OR PRINT)

DHMH-16 25M

(VRA 15, 4) 1/79

REGISTRAR

. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH WEG. NO MIDDLE LAST 2e. DATE OF DEATH MONTH 2b. HOUR 04 80 8:30P M IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HOURS. 1896 83 YRS **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED BALTIMORE COUNTY 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER 13a STREET ADDRESS 4323 BARRINGTON ROAD, 21229 15 MOTHER'S MAIDEN NAME CARR FRANCES ELLICOTT CITY, MD. VIRGINIA M. SPITTEL, 9020 MANORDALE LANE APPROXIMATE INTERVAL Docar PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (com) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN FI DIRECTOR PHYSICIAN 1 MALLOW HILL ROAD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN

01-08-80 MOUNTAIN CHRISTIAN CH. BURIAL 24 FUNERAL DIRECTOR 21229 ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

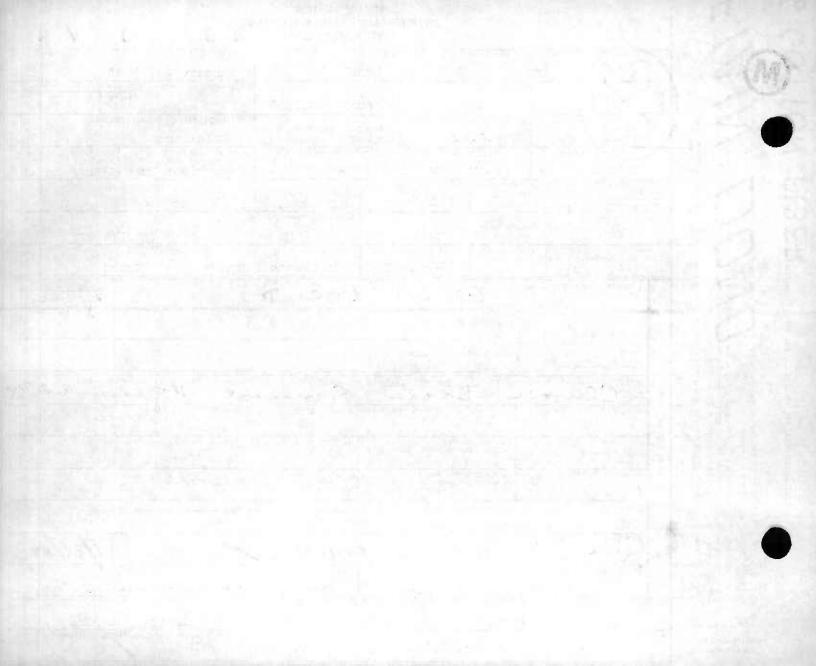
HARFORD 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1980

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			CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
ge 3		(1116	An	n	D	Lyı	nch	January 2	4,]980		M
, po		3. SE)	(4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTH	DAY) IF UN		IF UNDER 24 HRS
rs of			Female	White	2	Jani	lary 29, 1892	87	YRS	S. DAYS	HOURS MIN
n 72 hou	75		RTHPLACE STATE OR FOREIGN DUNTRY) Penna	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	DEVER MARRIED DIVORCED	Baltimore city of		EATH	MD.
led with	10	10 CI	TOWSON	LIF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A VIEW NUY	DDRESS)	PROTHER INSTITUTION Home	12a USUALOCCUPATION (TYPE OF WORK FOR MOST OF Supervisor	WORKING LIFE) IN	DUSTRY	BUSINESS OR Street
auld be file	35	13a. S	AL RESIDENCE (IF NURSING HOME C TATE LTYLAND	R OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS]602 Loch	Bullet 8		
and 2 sh exominer	00	14 FA	THER'S NAME John	MIDDLE	ougherty		15 MOTHER'S MAIDEN NAM FIRST Anna	WE	Ma	ngan	
ges I	7	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?			17. INFORMANT	ADDRES			
. Pag		,,	No	t was on onizaj]70-09-	9265	Mr Thomas E	Lynch	Same		
onpapers emoval.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		line for (a), (b), and	(C)	A seco D				ATE INTERVAL NSET AND DEATH
signed by the or hen please remo- ta buriol, cremoti jury, or ather tro-		NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR COXC	ITION GIVEN I <u>n</u>	J PART 1(0)	enfe 7/4
mit. T prior ony ir		CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	M. IF YES, WE		
ene per	7	TIFIC						YES NO	IN CERTIFYING	CAUSES	NO
Mentol-tronsi Mentol Hygi or Item 18 sh	9	-	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	AIR	DF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 C	OR PART 2)	
h and W		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N CO	OUNTY	STATE
Use of Health			22a.1 certify that (I) (this hosp		e deceosed from			, to	, 19		not (1) (we) lost
etoched for re Dept. of . If Item 21			sow the deceased alive a above, (I) (we) (did) (did)	of view the body	ofter death.		DEGREE ATTENDING PHYSICIAN	ARDICAL STAF		1/2	
orthe Stote			d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS	g Dikterok 🗎 Titiste		1	
with the			Gract	io Patri	cio M.D.		2926 E. Co	old Spring L	a Baltin	more	Мд
5 3 ₹-		23a. B	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION	COUR		ETATE
		(:	Burial	1/26/8	10	Holy	Redeemer	Baltimo	re# Mar	yland	
50M 1/76		24 FL	INERAL DIRECTOR				Maryland A	REC'D BY RECISTRAR	SACHERY CHANGE	DRIGHT	iench
5 (4))			Leonard J	KUCK IN	ic. Baltin	ore.	Mary land! [A]	VI U IJUU			

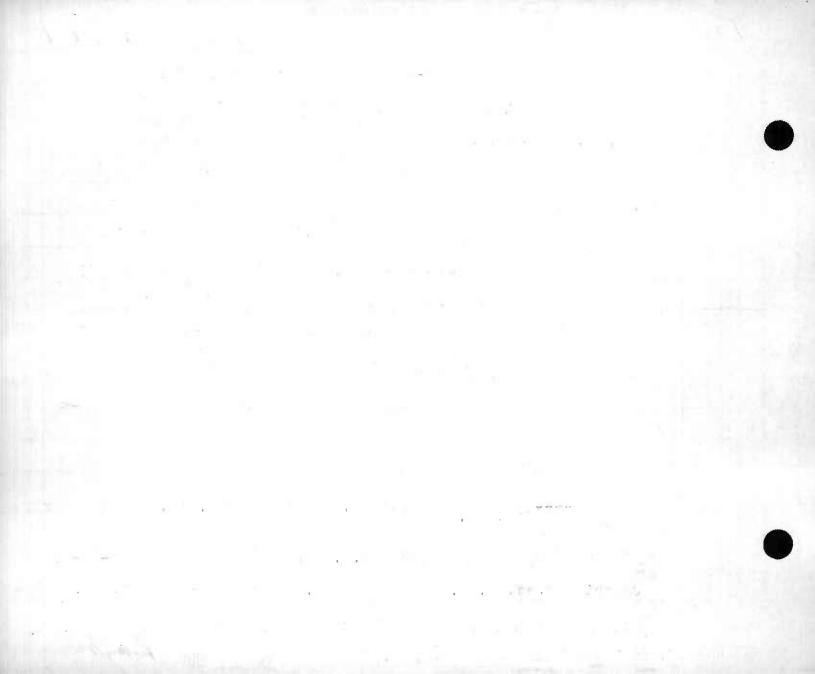


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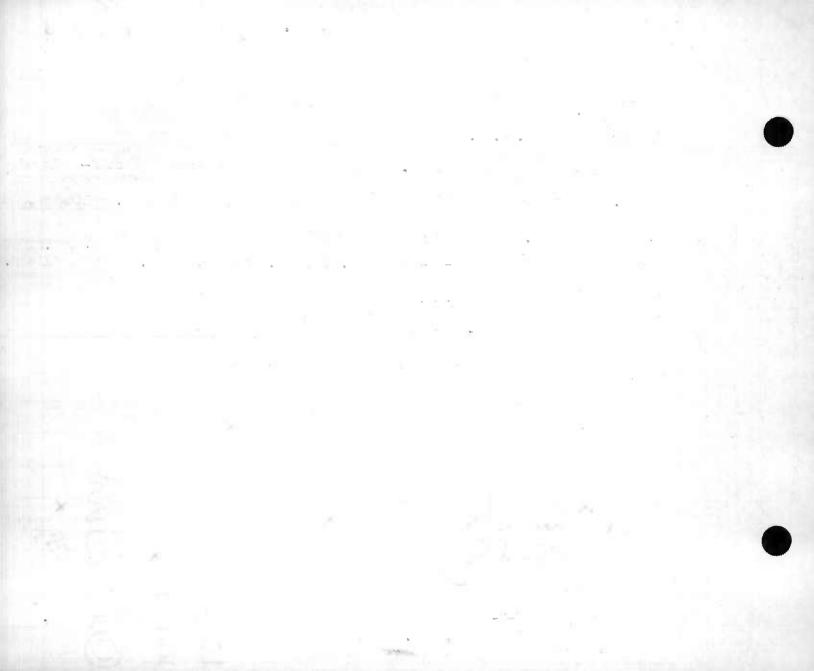
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 7n DATE OF DEATH MONTH DAY 2b. HOUR MIDDLE YEAR L DECEASED NAME (TYPE OR PRINT) PAUL MADLEM 1980 January & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 4 RACE 5. DATE OF BIRTH 3 SEX MONTH MONTHS DAYS HOURS MIN 82 White Dec. Male BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISTATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Baltimore County Lititz, Pa. DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE)
Carpenter HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Manor Care Towson INDUSTRY Construction Towson à USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Burridge Road Balto-21234 Md. Baltimore 2601 A ON 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME 0 FIRST MIDDLE FIRST MIDDLE Celia Gachenaur John Madlem ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (FYES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) (wife) Same as # 180-07-1544-A Mrs. Emma Madlem None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per lingular (a), (b), and ic). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS ALCONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause 101, stating DUE TO, OR AS ACONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID DIVISION OF VITAL RECORDS, CERTIFICATION 20h JE YES, WERE FINDINGS LISED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 190 DATE OF OPERATION ă IN CERTIFYING CAUSES OF DEATH? NO [YES 🗍 NO YES [Нуді 710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M MEDIC 211 LOCATION 71d. INJURY OCCURRED 71e PLACE OF INJURY Ď COUNTY LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE WHILE AT WORK AT WORK 72a.l certify that (I) (the second of the deceased from Jan. 00 and that in (my) (and apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED DEGREE 72h SIGNATURE ATTENDING MEDICAL + 1-15-80 PHYSICIAN A DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 174 PHYSICIAN'S NAME (TYPE OF PRINT) should be with the S 204 E. Joppa Road; Towson, Md. 21204 Jamshid Hamed, M. D. 23d. LOCATION 73c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE (SPECIFY) Lutheran Burial Emmanuel Cem. Brickerville-Lancaster-25g, DATE REC'D. BY REGISTRARI75L REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M NAME E. ADDRESS eming Funeral Service - Benson, Md. 21018 (VRA 15, 4) 7/78

STATE OF MARYLAND



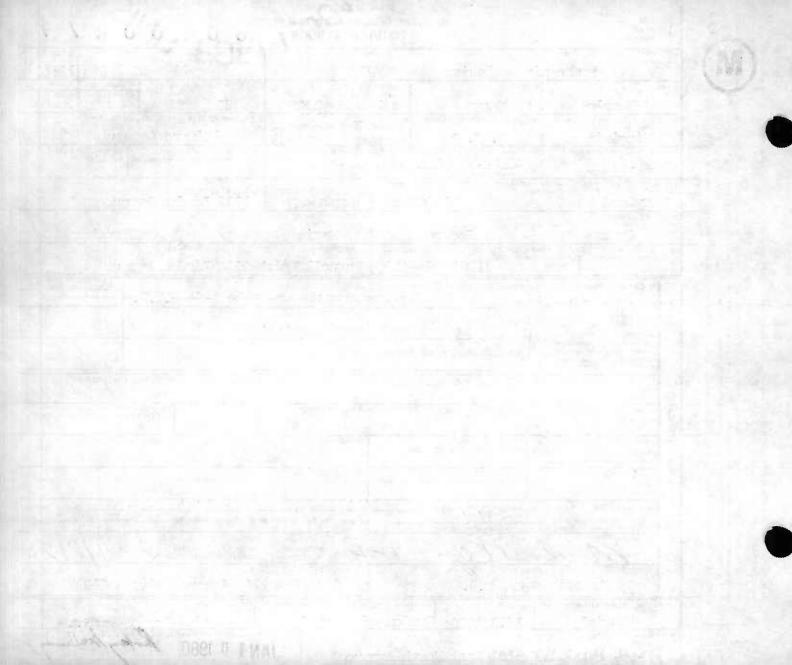
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STATE OF MARYLAND



STATE OF MARYLAND

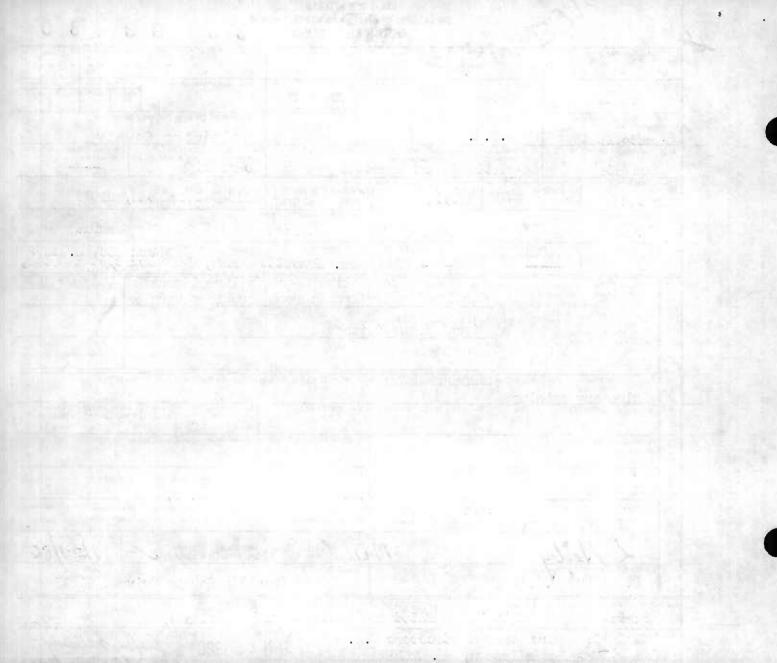
FOR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR MIDDLE DECEASED NAME 20. DATE OF DEATH MONTH DAY YEAR 2h. HOUR (TYPE OR PRINT) Angela Μ. MAJANE 24 80 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR DAYS White Female 01 10 Te. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED U.S.A. Baltimore County WIDOWED DIVORCED | Armento Italy 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Franklin Square Hospital House wife Rosedale USUAL RESIDENCE (IF NURSING HOLD OF DITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE US COUNTY Baltimore 134 INSIDE CITY LIMITS? 6110 Belair Road, 21206 Maryland YES (C) 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE Marchese Theresa Gerardi Carl 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Isabelle Bunch, 3318 Courtleigh Drive (YES, NO OR UNKNOWN) 220-09-9760D No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic Congestive heart failure & renal PART I. DEATH WAS CAUSED BY. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cardiopulmonary arrest secondary to severe IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Mitral insufficiency Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Pulmonary embolus shows 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [8 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2 or Item HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 80 220.1 certify that (1) (this haspital) attended the deceased from_ 10 80 saw the deceased olive on, and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c DATE, SIGNEDA MEDICAL 86 MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S L. Heiby, M.D. 9000 Franklin Square Drive 23e BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore Burial 1/28/80 Baltimore National Cem Mary Land 14 FUNERAL DIRECTOR Byers Funeral Dimectors P.A. **DHMH-16 25M**

8728 Liberty Randallstown, Md. 21133

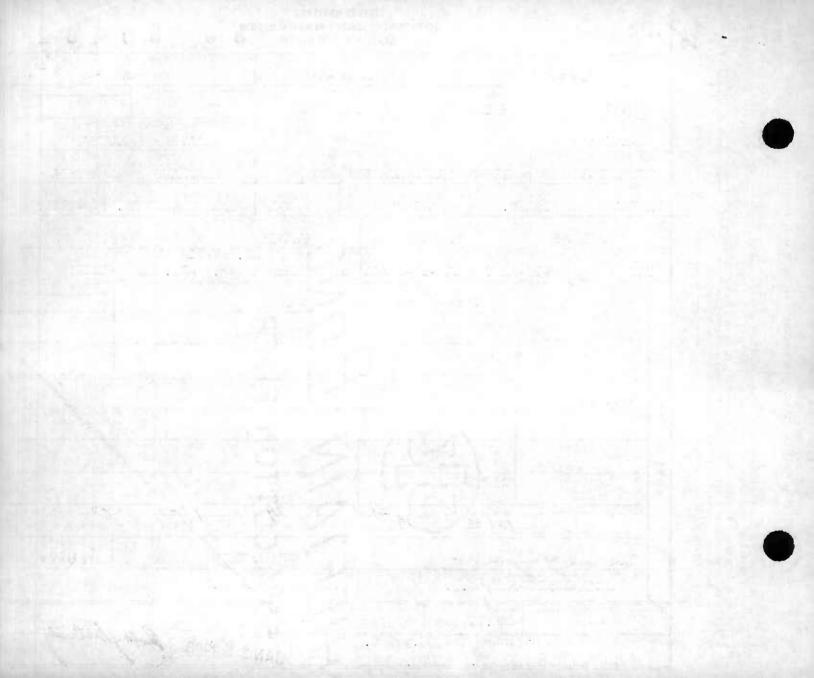
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) MARTHA E. MALLORY 1/9/80 10:10am 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR MONTH 902 11/12/ Female. To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BY INFEED OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Post DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Towson Greater Baltimore Medical Center Clerk USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE Baltimore 13d INSIDE CITY LIMITS? Maryland 1417 Myrtle Ave. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Thurmon Mallory Oneal Clark Martha Emory ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-36-6944 Mrs. Lula M. Weaver 3816 Copley Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) phys PART I. DEATH WAS CAUSED BY Chronic renal failure IMMEDIATE CAUSE (a). vears DUE TO, OR AS A CONSEQUENCE OF Essential hypertension Conditions, if any, which vears gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ã CERTIFICATION 0 Duodenal ulcers prior 190 DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be YES -NO [Mental Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION ò 21d INTURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE [80 22a.l certify that (1) (this haspital) attended the deceased from. 9 80 sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the Dedysotter death DIRECT 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF 1/9/80 old be deto with the Stote FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITTHE OFFENT 22e ADDRESS Margaret L. Dobson, M.D. 6701 N. Charles St., Balto., MD 21204 23d. LOCATION 23a. BURIAL CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Maryland Arbutus Mem Park Balto, Burial County , DHMH - 16 50M 1/76 Herbert E. Nutter 3035 W. North Ave. (VR A 15 (4))

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2 E	1 SE	X	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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60 40		IRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED XX	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
5 525		MARYLAND	US		WIDOWE	D DIVORCED	BALTI	MORE	COUNTY	JM.
1 200		ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	DDRESSI	OR OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING L	JEEL INDUSTRY	OF BUSINESS OR
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Samuel Strainer	14. F.	ATHER'S NAME SOLOMON	MIDDLE	MANEKIN	- 3	15 MOTHER'S MAIDEN NAM FIRST FANN IE	AE MIDDLE		UNKÑ	ST OWN
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OM 1/76	24. F	UNERAL DIRECTOR SOL	LEVINSON	& BROS.,	INC.	25a. DATE	REC'D. BY REGISTRAR	25h	AND ESTORY	TORE
5 (4))		6010 REISTERS	STOWN RD	. BALTO.	MD	21215 JAN	2 8 1980			



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO. DECEASED NAME 20. DATE KNOWN THE MONTH (TYPE OR PRINT) ESTI-THEODORE John Matusz. DEATH MATED 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONODINCE MALE WHITE 08 DEAD 0 19 60 YRS 74 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Pennsylvania TISA WIDOWED DIVORCED BALTIMORE ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Sergeant to.Co.Police Towson Joseph's Hospital Bal USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTO. MD. Parkville WILLOUGHBY 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 MIDDLE LAST MIDDLE LAST John Tillie Matusz Blaz 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 178-12-9961 E. Matusz 2922 Willoughby Rd. Marv CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? BURIAL 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted from: Natural causes Suicide Hamicide L Undetermined manner PAGE 4 SHULL TO FUNERAL DI AFTER DEATH, V BALTIMORE, MA EDICAL EXAMINER CHARLES F. O'DONNELL EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE Buria1 Gardens of Faith Overlea Baltimore Md. 256. REGISTRAR'S SIGNATURE **DHMH-17** VR A15 ME (5)) 15M7/77

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CHARLES H. G DONNELL

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STATE OF MARYLAND

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	7 00	REGISTRAR				- 144	ICATE OF DEATH		G. NO.	, 4 0	-
		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	20 DATE OF DEAT	Н момтн	DAY YEAR	26 HOUR P
d	I SE		Jerry	4 RACE	rank	MA 5. DATE C		6. AGE (IN YEARS LAS		14 80 IF UNDER 1 YEAR	8:58 M
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6	B	RTHPLACE STATE OF	Md.	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	D DIVORCED	Baltimore CI	nore Count		MD.
7	I	Rossville	21237	Tren	MAIUTY CSESTREET	Hospi	tal	Productor		LE DAR WO	-
6	USU 13a]	aryland	131B20L1	other institution	GIVE RESIDENCE BEFORE	otrs.	13d INSIDE CITY LIMITS?	3824 New	Section	a Rd.	21220
C	14 FA	THER'S NAME FIRST Cha	rles	Monta xa	LAST		15. MOTHER'S MAIDEN NA	Janda MIDE	DIE .	LAST	
	16a V	MAS DECEASED EVE		MED FORCES? WAR OR DATES)	220 20 7		Mary A. Ma		DDRESS Sa	ame	
	z	underlying cou	nmediate ting the se last.	DUE TO, OI (b) DUE TO, OI (c)	r as a conseque	NCE OF	NOT RELATED TO THE TERM			VEN IN PART 1(a	
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7	MEDICAL CER	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCU	CAUSE OF DEA	P. 21e. PLACE	m. month da m.	19	211. HOW INJURY OCCUR 211. LOCATION STREET	RED (ENTER NATURE OF		PART 1 OR PART 2)	STATE
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-		22d PHYSICIAN'S P		V.	ian, Jr.	M.D	27e ADDRESS 8552 Phila			ilto., M	Dalaa.
	73e. 8	CREMATION					EMETERY OR CREMATORY			COUNTY Co	41

H FULL DIRECTOR / DHMH - 16 50M 1/76 (VR A 15 (4))

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IMPOSTANT, If Item 21 is mark

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+1			FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 8 6
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	PLEASE ECTOR. R FILES. HOURS STREET	3/SEX		S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IIF UNDER 24 HRS 26 DATE MONTH	DAY YEAR 2d HOUR
	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E. S FOR YOUR FILES. D. WITHIN 72 HOURS W PRESTON STREET	9	MOIE C	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	6 80 VI:30A
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080	A ORM	16a. V	VAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	AYCOK.
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ST.,	HOUNT NOW	16	 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED 	y ane cause per line far (a), (b), and (c).) BY:	BETWEEN ONSET AND DEATH
Z	24 H TEM ONG ORERA	1	11 00 IMMEDIAT	ECAUSE (a) LUNG CARCINOMA,	
PRESTON	AL AL	20	Canditians, if any, which	DUE TO, OR AS A COMSEQUENCE OF	
	PENCIL IN AMINER J L-TRANSIT ENTAL HY		gave rise to immediate	(b)	
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301	ECUTED WITHIN 3" IN PENCIL IN A1 EXAMINER A BURIAL-TRANSIT AND MENTAL HY NO, OR REMOVAL		7.1.9 00000 1001.	(c)	
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	ATE, FOR'S PR: F		22a. I certify that I taak charge	e of the remains described above, held an Autopsy 🔲, Inspection 🔀 Inquiry 🔲, and in my apin	iian
	A TOTAL		death resulted fram: Nature	al causes Accident , Suicide , Hamicide , Undetermined manner ,	
	KAA LD LD IRE NITI		100	TITLE (SPECIFY)	
	MAN WAY		ACTUAL SIGNATURE MARILEN	C. Kowalewski M.D. ASSISTANT MEDICAL EXAMINER SIGNED	1-6-80
	SH S			MEDICAL EXAMINER SIGNED	
	MARIE DE LA PERSONALISTE DE LA P	-	(TYPE OR PRINT) A	RION C. KOWALEWSKES 8604 HARFORD	RA
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 STOULD BE PORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 PRI	23a. Bl	JRIAL, CREMATION, REMOVAL 23	IN DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION	
		(5	Burial	CITY OR TOWN COUNT	
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VIII	DHMH - 17 (VR A15 ME (5))	100	ssahn Funera:	1 Home 7401 Belair Road	Change
TIV	15M 7/77		- daniel a.	Trome 1401 Detail Road	

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Ruck Towson Funeral Home, Inc. Towson, Maryland

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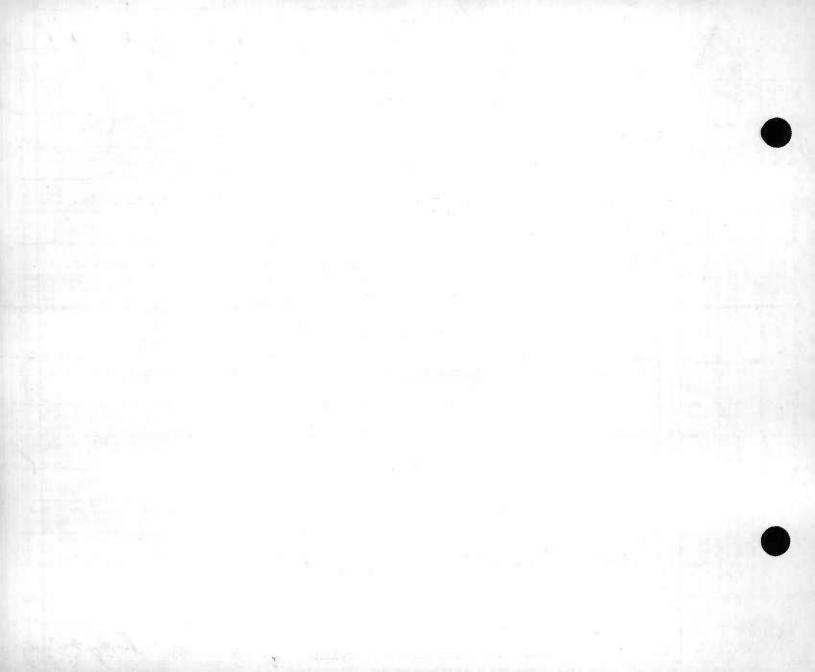
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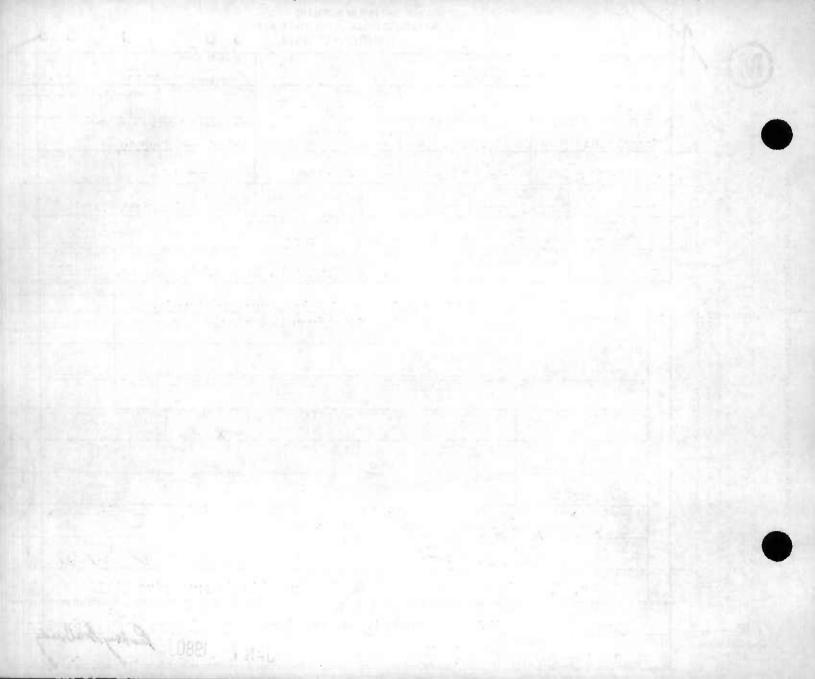
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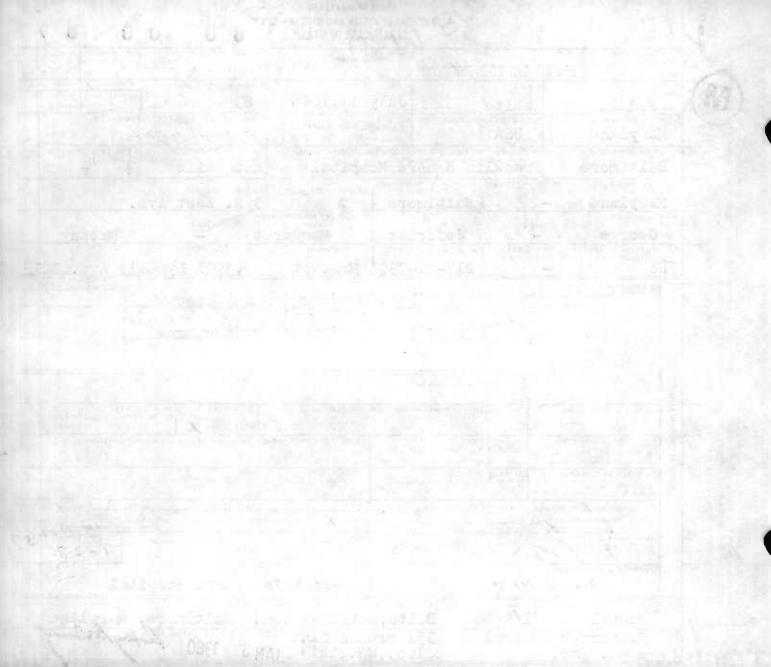
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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1		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
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	3. SE	Х	4	. RACE		5 DATE (6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN
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Tied		ITY OR TOWN OF DEA	ATH I	(IF NOT IN SU	CH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOS	T OF WORKING LI	FE) INDUSTRY	OF BUSINESS OF
2/		ossville					Hospital	Housew	ife		
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mine	14. F	ATHER'S NAME	MI	IDDLE	LAST	1944	15. MOTHER'S MAIDEN N	AME		LA	(ST
330		Thomas		J.	McKinl		Mary	An			kley
1		WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARM		166 SOCIAL SEC		17 INFORMANT				Court
	N	0			217-14	-9443	Thomas M.	McDonald	Balte		21222
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		FARTI. DEATH W	IMMEDIATE	CAUSE (a)	Malignan	<u>L Lumo</u>	c of Colon.ty		mined		
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o o		cause (a), statin		DUE TO, C	R AS A CONSEO	UENCE OF					
5	10			(c)							
	NO	PART 2 OTHER SIGN	VIFICANT CC	ONDITIONS <u>C</u>	ONTRIBUTING 10	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CC	NDITION GIV	EN IN PART 1	la
5	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FIND	
1	TIE							YES X NO		S	NO [
9		210. ACCIDENT WAS UND		21b. TIME O	OF INJURY	DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF IN	JURY IN ITEM 18, I	PART 1 OR PART 2)	
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		saw the decease abave, (**(we) (c	did) (did) oti	view the bady	y after death.	80	id that in (🎉) (aur) apinia	n death accurred an the	date and had	or and fram the	e causes stated
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		234 PHYSICIAN'S NO					22e. ADDRESS	1	0 .	01007	
1		Dr.	F. Ru	D10			1	lin Square	rive	2123/	
	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
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4107 Wilkens Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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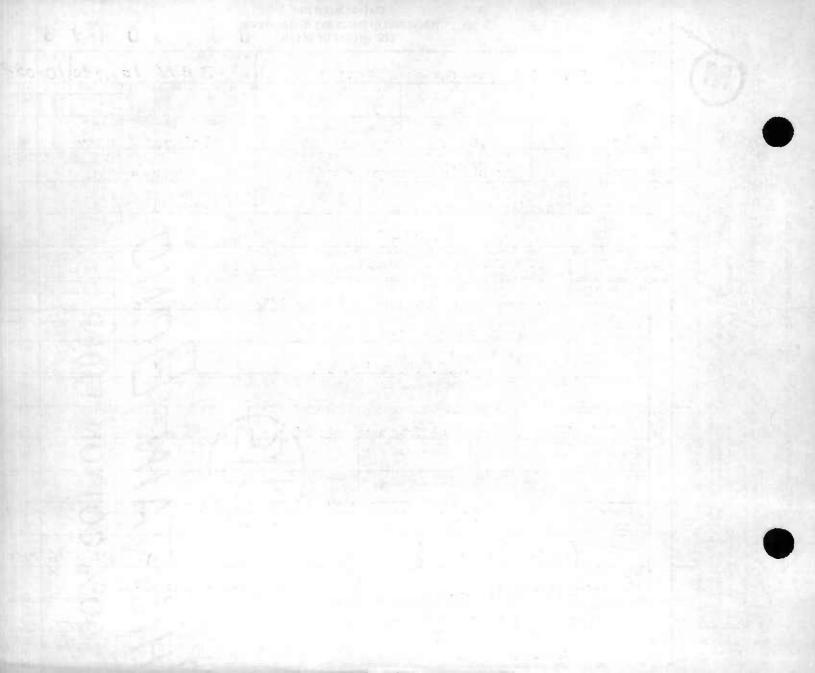
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWNX (TYPE OR PRINT) Car1 19 80 David Mc Lain DEATH MATED 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 3 SEX 5. DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED white male 80 13 To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore County U. S. Baltimore 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS shed/13701 Baldwin Mill Road Baldwin student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baldwin, Md. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 113b COUNTY 13c CITY OR TOWN 13701 Baldwin Mill Rd. 21013 NO ST Baltimore Col Baldwin 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE McLain Neil Margaret ADDRESS Baldwin, Md. 21013 17 INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO DIVISION Mr. Neil D. McLain, 13701 Baldwin Mill Rd None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Asphyxia from hanging by the neck DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YESXX 21a EXTERNAL CAUSE WAS TIME OF INTURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 8:30 PM 1/19 1980 found hanging CONTRIBUTING CAUSE OF DEATH PRIOR 21e, PLACE OF INJURY (AT HOME, 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK shed 13701 BaldwinMillRoad, Baldwin, AA County, Autopsy XX Inspection Inquiry 22a. I certify that I took charge of the remains described above, held on death resulted from: Undetermined monner TITLE (SPECIFY) FUNERAL DI TER DEATH, I Assistant DATE 1/20/80 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto, MD 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Md. Baltimore Fork Christian Ch. Cem. Burial 1-23-1980 0000 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) E.F. Lassahn, 11750 BelairRd. Kingsville, Md. 21087 15M 7/76

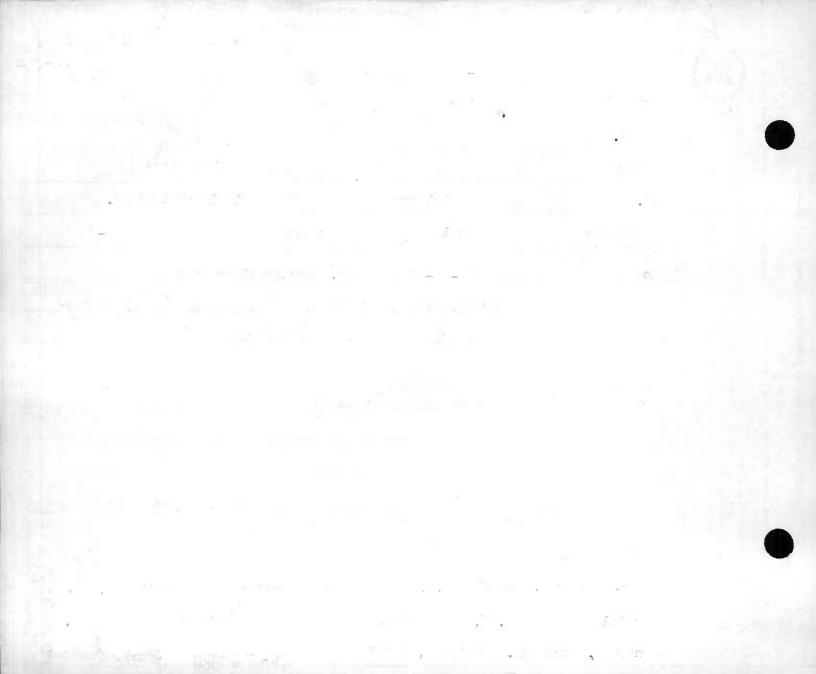
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2ª DATE OF DEATH MONTH 26. HOUR [TYPE OR PRINT] Helen marie MCMILLEN January 30 980 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS Oct. 1, 1898 Female White Te. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH LOUNTRY? MARRIED NEVER MARRIED Pénnsylvania U.S.A. DIVORCED | WIDOWED Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Square Hospital Beth. Rossville Matron Steel USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 136 COUNTY 134 INSIDE CITY LIMITS? 130 STREET ADDRESS Baltimore 401 S.Elrino Street 21224 Maryland NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE McIntee Edward Margaret ADDRESS 3103 Dunran Rd. 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Helen M. Seay. Baltimore. Md.21222 213-09-2910 NO18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardio-Pulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF DISSEMINATED Metastatic (b) Carcinoma with Secondary Hypoglycemia Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse Right Plural Effusion PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO. YES [21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 211 LOCATION 714 INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK January 22a-I certify that (this haspital) attended the deceased fram. 22h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF RINT) TO FUNE should be d with the St 22e ADDRESS 9000 Franklin Square Drive 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE Buffia] Oak Lawn Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGIST DHMH-16 25M (VRA 15, 4) 1/79 Duda-Ruck. Inc. . Baltimore. Maryland

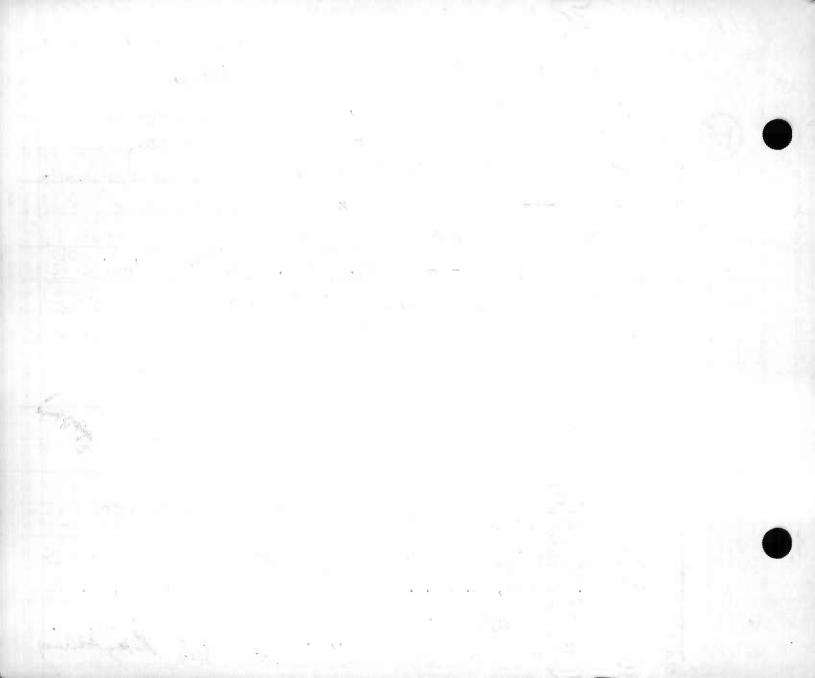
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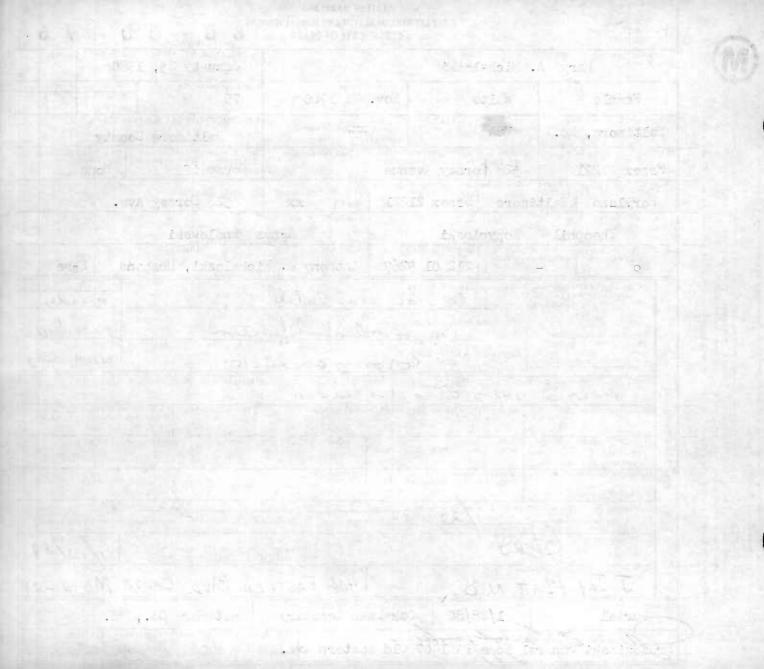


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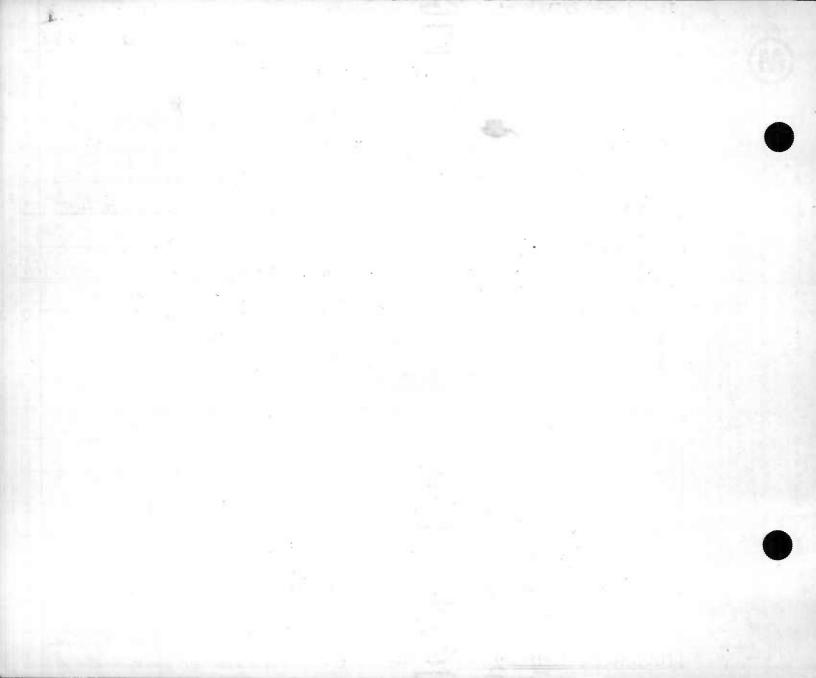


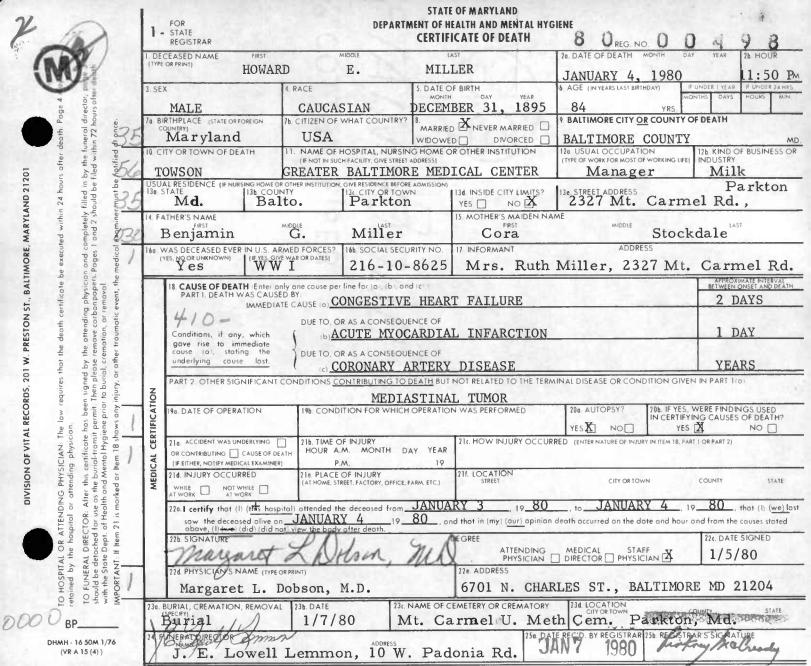
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Should be country the Story			Wilmen K. S			, M.D	•	6209 Frederi			le, Md.	. 21228
13		230 B	URIAL, CREMATION, REMO PECIFY) Burial		1/11/80	Had	4 (no	SS (emetery)	Battimore	Anne A	runde.	L Mil.
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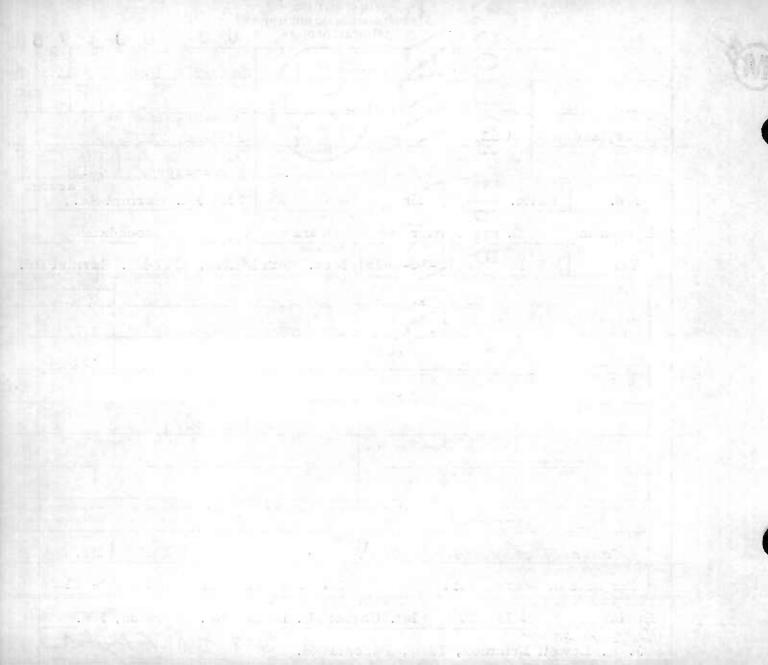




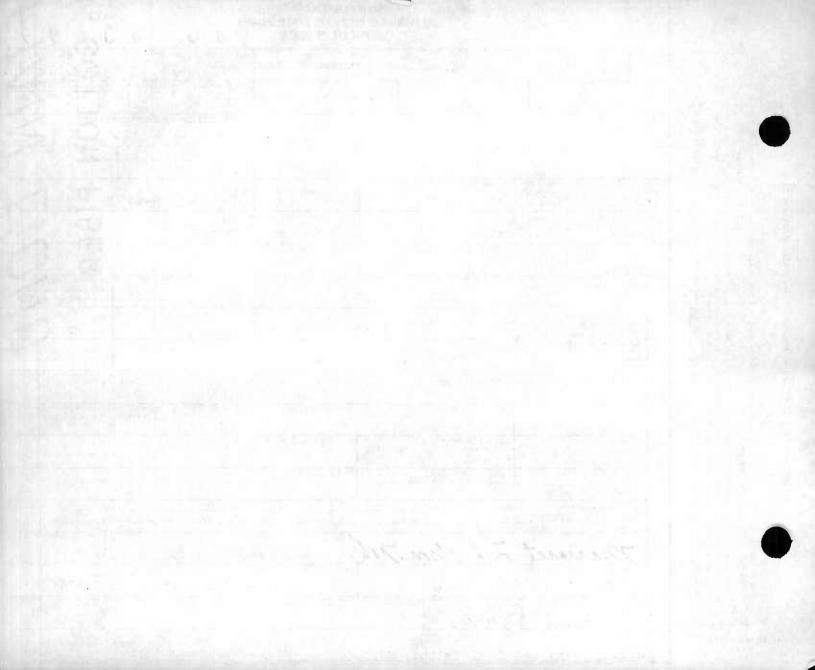
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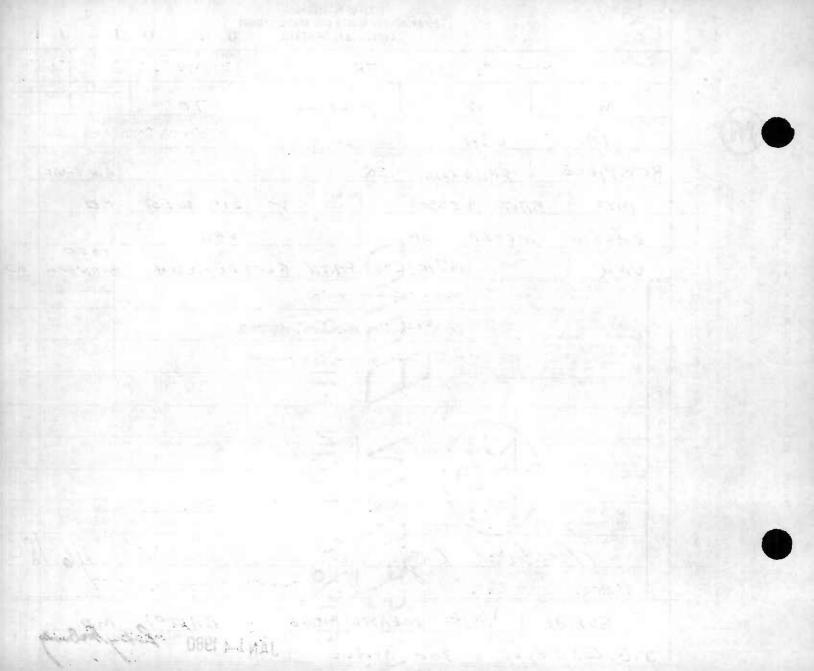


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(VR A 15 (4))		atomy B	Board			., Md.	D D	AN 1 6 1	980	1	7/1-1000	7



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ATTENDING septial or out CTOR: After d for use as t for the other n 21 is marke		(this hospital) attended the deceased from NOV. 18 delive an Jan 6 19 80 and that id) (did not view the body after death.	, 19 <u>79</u> , t in (my) (aur) apinion death	ta Jan. 6		(1) (we) last
the hor the hor the hor the hor the hor the chocked be Depti	226. SIGNATURE	DEGRE	ATTENDING M	EDICAL STAFF	12s. DATE SIGN	100/00
TO HOSPITAL retained by the TO FUNERAL should be detained with the State MADORTANT:	22d. PHYSICIAN'S NA Michael	ME (TYPE OR PRINT) 220.	ADDRESS 9000 Franklin	Square Dr.	21237	10
MA With the state of the state	230 BURIAL, CREMATION, (SPECIFY) BURI		ERY OR CREMATORY 2	3d. LOCATION CITY OR TOWN BALTO.	COUNTY	STATE
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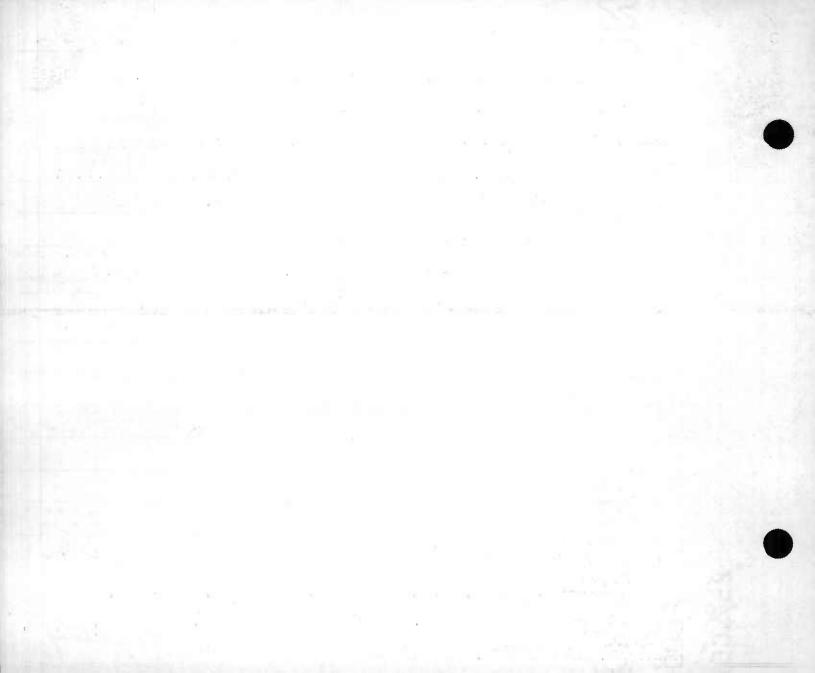


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST YEAR 20. DATE KNOWN LTYPE OR PRINT) DEATH MATED MUHT. WILLTAM G. 10 PM 4. RACE 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. 3. SEX 5. DATE OF BIRTH 2c. DATE MONTH DAY YEAR LAST BIRTHDAY 00 PRONOUNCED 11 22 57 YRS MALE WHITE 03 DEAD TE CITIZEN OF WHAT COUNTRY? Ta. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) U.S.A. MARYLAND BALTIMORE COUNTY DIVORCED FILED. 1 ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY SHIPPING CLERK WESTERN AUTO 1st AVENUE HALETHORPE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONAL 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13g. STATE 113b. COUNTY 13c CITY OR TOWN 1ST AVENUE, 21227 BALTIMORE HALETHORPE YES _ NO 5 MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE AND OF VIT THALWITZER MUHL BERTHA CONRAD A. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** LIFYES GIVE WAR OR DATES! 5991 MONTGOMERY ROAD CHARLES GILES YES WW II 214-12-8570 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiovercular Di zear DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME 2TF. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY WHILE AT WORK Autopsy 22a I certify that I took charge of the remains described above, held an Inspection ond in my opinion Undetermined monner Natural causes Homicide TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M/ CONRADO FERRERO, M.D. 5550 BALTIMORE NATIONAL PIKE *ADDRESS. 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION LOUDON PARK MARYLAND BURIAL 01-31-80 BALTIMORE CITY 24. FUNERAL DIRECTOR 21229 **DHMH-17** VR A15 ME (5)) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 15M 7/76

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 2b. HOUR 70 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) Jacqueline Munnikhuysen 26 1980 10:45a m Anita IF UNDER 24 HRS 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 4 RACE MONTHS OAYS HOUR5 1921 25 59 Female Cauc. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED U.S.A. Baltimore County Maryland WIDOWED DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) C.P.A. 205 E. Joppa Road Accountant Towson USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 205 E. Joppa Road Baltimore 134 INSIDE CITY LIMITS? Maryland blue NO T YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Goldsborough John Unknown Milton Dandy Anita Towson Md. 21204 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Joseph K. Munnikhuysen 205 E. Joppa Rd 217-14-1399 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY vainou IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse to), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT DIVISION OF VITAL RECORDS, CERTIFICATION 70h. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO DA YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21 R PLACE OF INJURY ö CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive an_ and that in (my) (aur) opinion death occurred on the date and haur and from the causes stoted above, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TWO OR PRINT should be 711 W. 40th Street, Baltimore, Maryland Levine. M.D. 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY STATE Md. 230 BURIAL CREMATION, REMOVAL 236. DATE Burial 1/29/80 St. Mary's Episcopal Church, Emmorten, Harford. DHMH-16 20M Lawson 10 W. Padonia Road

(VRA 15, 4) 7/78



Hubbard Funeral Home Inc 4107 Wilkens Ave 21229 AN 8

1980

DHMH - 16 50M 1/76

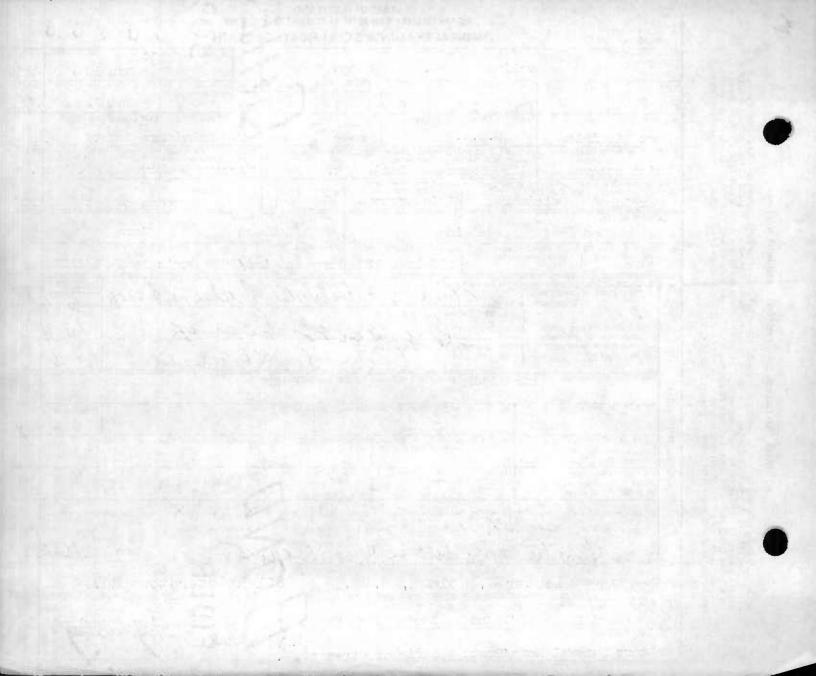
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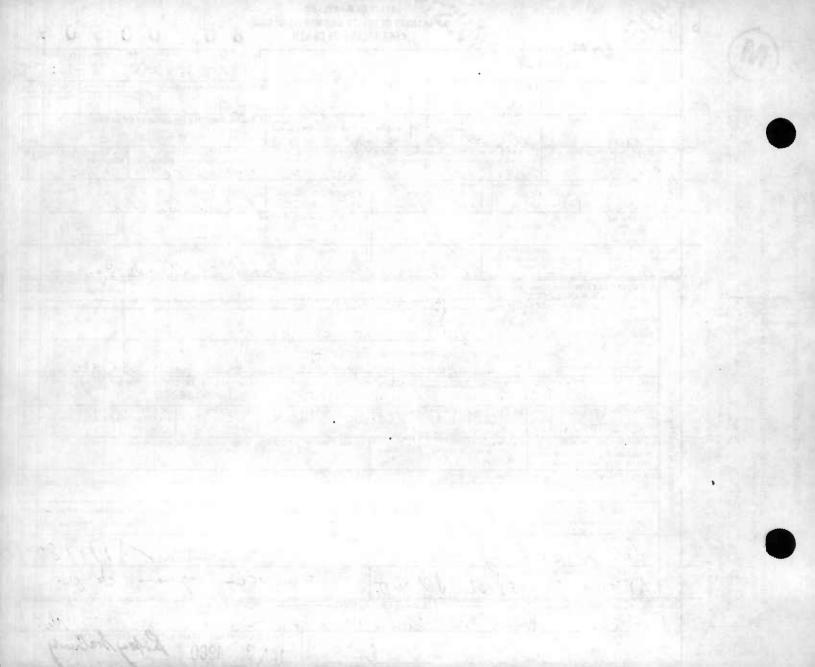
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Theodore Henry Nolker 1/13 19 80 & AGE (IN YEARS | IF UNDER 1 YR 4. RACE IF UNDER 24 HRS 2c. DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 1/13 1980 4/28/1901 78 White Male To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED U.S.A. DIVORCED [Baltimore County Maruland WIDOWED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Merchant Capt. Tug 2, AND 3 TO 3. RETAIN PA SHOULD BE F County General Hospital Boat Capt. Randallstown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3508 Meadowside Ave. Balto. Baltimore Woodlawn Mary Land AND 2 ST 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME LAST MIDDLE Galike Angelina Gerhart Nolker 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Eva M. APORKer DIVISION (YES, NO. OR UNKNOWN) \$508 Meadowside Ave. Balto.MD. 21207 215-10-6734 CAUSE OF DEATH (Enter only one couse per light for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IRACIO OAR IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which AS A BURIAL-TRANS LTH AND MENTAL HAATION, OR REMOV gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) E USED AS A I CERTIFICATION 20. AUTOPSY? RDED TO THE CHIESE 3 SHOULD BE USINE DEPARTMENT OF INPRIOR TO BURIAL, C YES B 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) PAGE 3 WHILE AT WORK 220 I certify that I took charge of the remains described above, held on OR death resulted from Accident Hamicide ______ Undetermined monner TO FUNERAL D AFTER DEATH, BALTIMORE, MA ACTUAL EXAMINER'S NAME 1 234 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL' 12 16 DATER E 23d. LOCATION COUNTY STATE Paltimore 25b. RECASTRACS SIGNATURE Lorraine Park Cemetery Woodlawn 24 FUNERAL DIRECTOR Doring Byers Funeral Directors, P.A. **DHMH-17** (VR A15 ME (5)) 8728 Liberty Boad Randallstown, MD. 15M 7/77

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1)	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG FICATE OF DEATH	FIENE O REG. NO	0 0	5			
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	()	res, no or unknown) (if yes, givi	212-32-	0525	Mrs. Eileen M	A Hymes 144	6 Burt	on Arro	nuo		
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		220. PHYSICIAN'S NAME (TYPE O	R PRINT)	/	22e. ADDRESS						
5		Lester	A. Wall, Jr.	M.D.	7620 York	Road, Towso	n, MD 2	21204			

23c. NAME OF CEMETERY OR CREMATORY

Dulaney Valley

DHMH - 16 50M 1/76 (VR A 15 (4))

MPORTANT, IF IN

Burial
24 FUNERAL DIRECTOR ADDRE \$050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

23b. DATE

1-12-1980

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

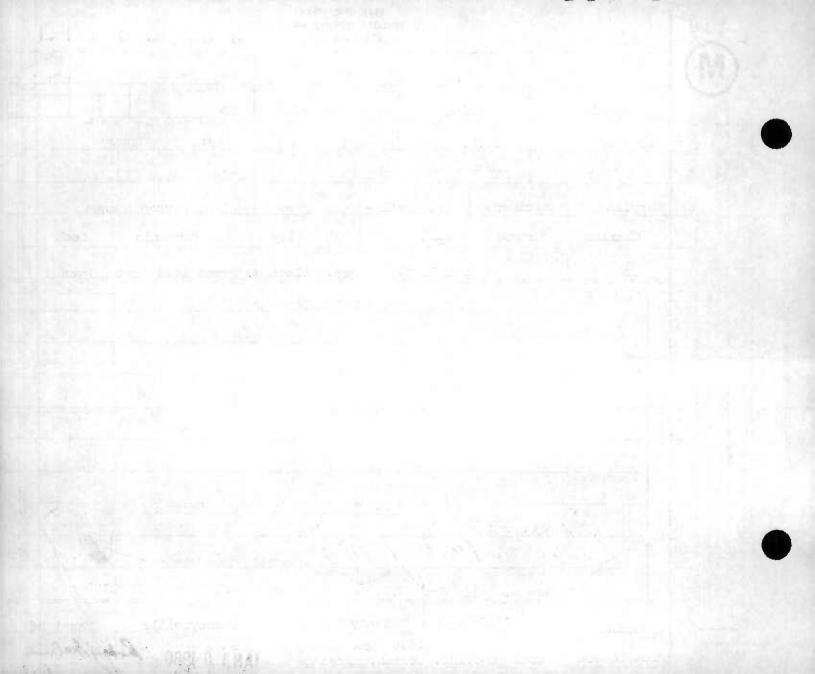
23d. LOCATION
CITY OR TOWN

COCKEYSVILLE

Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

STATE



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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and comple should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

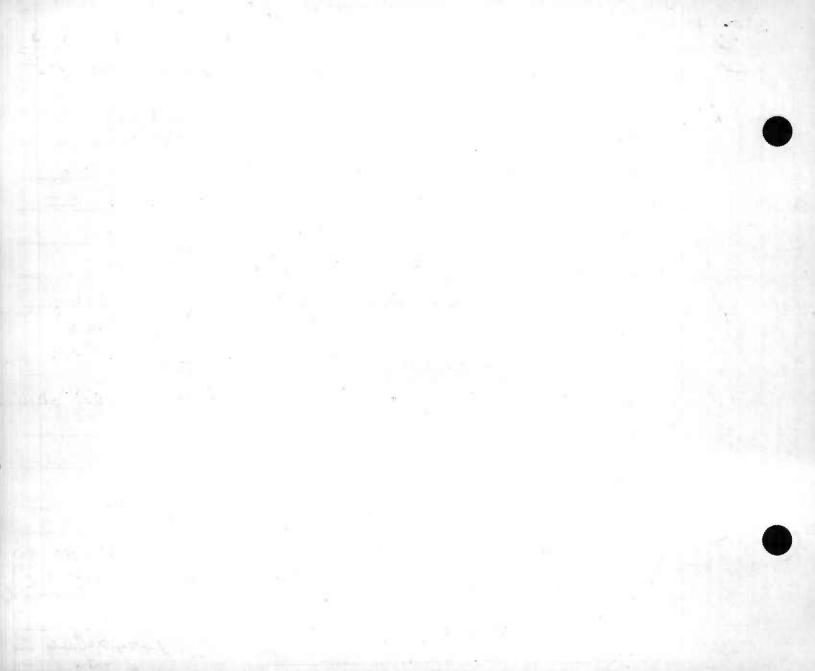
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospitol or attending physician.

DHMH - 16 50M 1/7

(VR A 15 (4))

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E 2		saw the deceased alive on 19 80, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death. 276 SIGNATURE DEGREE 1276 DATE SIGNED										
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN TYPE OR PRINT) ESTI-24 1980 C. Ochse DEATH MATED George 4 RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. 2d HOUR 3. SEX IF UNDER 24 HRS. DATE PRONOUNCED DEAD 19 BIRTHPLACE ISTATEOR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County WIDOWED DIVORCED AGE S FILED, TOWN OF DEATH Towson Greater Baltimore Medical Center 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT DIVISION YES NO. OF UNKNOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying cause last. BURIAL-CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT WIT ENLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF I PRIOR TO BURIAL, C 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY OR UNDERLYING MEDICAL 24 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21 LOCATION STREET, FACTORY, FARM, ETC.) COUNTY STATE NOT WHILE 35 AT WORK AT WORK DIRECTOR: 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Undetermined manner death resulted from: Homicide TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA SIGNATURE EXAMINER'S NAME TYPE OR PRINT) DHMH - 17 (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

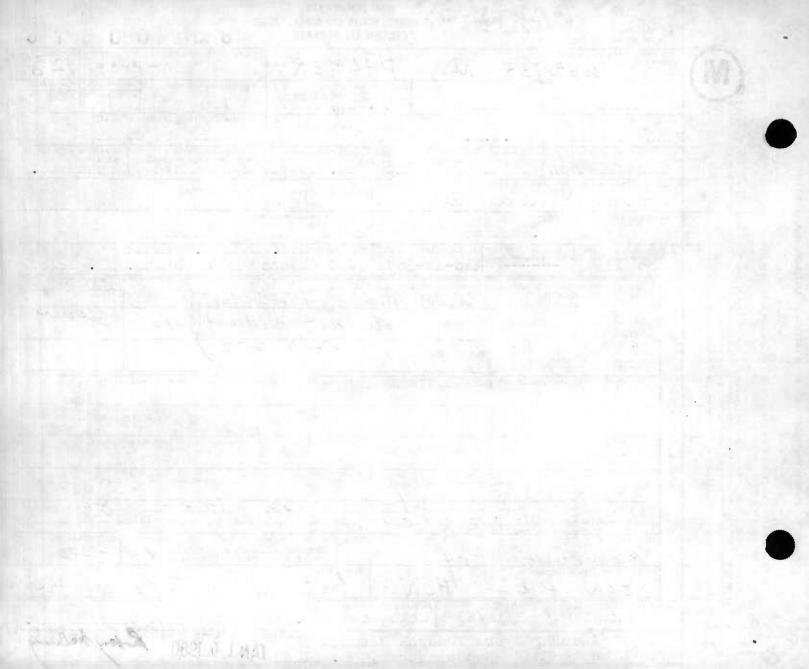
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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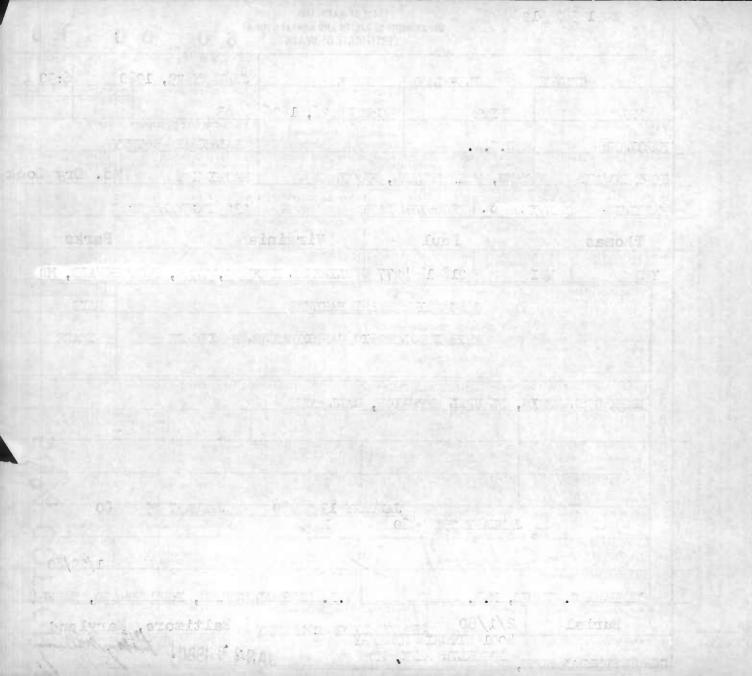
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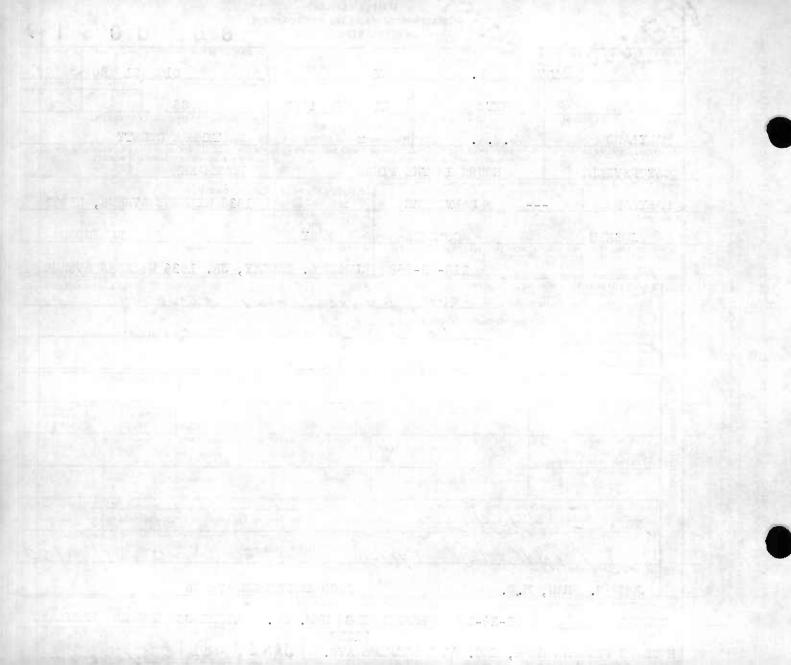


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STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYGIENE

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	DECEASED NAME FIRST	MIDDI	iE L	AST	20 DATE O	FDEATH	HTMOM	DAY	YEAR	2b. HOL	JR
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3	SEX	4 RACE	5 DATE C		& AGE (IN)	EARS LAST BIRT	[HDAY]	IF UNDER		# UNDER	
ſ	Female	White	Octo		74		YRS.	MONTHS	DAYS	HOURS	MIN
Zo.	BIRTHPLACE ISTATE OF FOREIGN	7% CITIZEN OF WHA	AT COUNTRY? 8		9 BALTIMO			Y OF DE	ATH		_
	Maryland	U. S. A.	WIDOWE	DE NEVER MARRIED (_	BALTI	MORE	Co	unty	•	WE
	TOWSON	GREATER	PITAL, NURSING HOME OF CHILITY GIVE STREET ADDRESS MED	ICAL CENTI	ER Nurs	K FOR MOST C		IFE) IND	USTRY	F BUS IN	
13	SUAL RESIDENCE (# NURSING HOME) 10. STATE 136 COL Maryland	JNTY 13c.	residence before admission) CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS Easte	rn Av	renue			
14	FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN	NAME			V			
	Bernard	WIDDLE	Wagner	Margar	et.	Mari	2		LAST	und	10
160	WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO.	17 INFORMANT		ADDRE				and.	10
	NO (YES, NO OR UNKNOWN) (IF YES, G	WE WAR OR DATES)	13-34-2017	Walter J. Pe	errv- 92	2 E11	endel	e Dr	ive	#21	201
F	18 CAUSE OF DEATH (Enter			1012 001 0 10	1 1		O)1dd2	I M	APPROXI	MATE INTE	RVAL
	PART I. DEATH WAS CAUS		ARDIAC ARR	EST						1.02.70.0	
l	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS	ROBABLY PU	LMONARY E	MBOLUS						
l	underlying couse lost	DUE TO, OR AS	A CONSEQUENCE OF	ARTHRITIS							
12	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E OR CON	DITION GI	VEN IN P	ART I to	1	
CERTIFICATION	19a DATE OF OPERATION	184 CONDITION	N FOR WHICH OPERATION	WAS DEDECORATED	20a AUT	OBS V3	TON IE VE	S, WERE	ENION	CC UCE	
1 2	DATE OF OPERATION	176 CONDITION	IN FOR WHICH OPERATION	N WAS PERFORMED			IN CERT	IFYING C			
4 5	71g. ACCIDENT WAS UNDERLYING	21b. TIME OF IN	HIDV	Tal. How himpy occ	YES [ио 🔀		ES 🗌		NO [
	OR CONTRACTOR CAUSE OF A	EATH HOUR A.M.	MONTH DAY YEAR	21c HOW INJURY OCC	OKKED JENTERNA	ATURE OF INJUI	RY IN ITEM 18.	PART I OR P	ART 2]		
MEDICAL	214 INJURY OCCURRED	21e PLACE OF II	N JURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	VN	COUP	NTY	51	TATE
	AT WORK		1/12	- 0	^	1/12		- 0	Λ-	-	
	22a 1 certify that X (this has saw the deceased alive a above, X (we) (aid) (ax)	1/17	20	d that in (My) (aur) apini	, 10	ed on the de	ote and ha	. 19 <u>0</u> ur and fre		hot 🔥 (
L	226 SIGNATURE	or) view the body offe		DEGREE				220	DATE	GIGNED	
	Ba	sem 19	bal	ATTENDING PHYSICIAN		STAI			1/1	3/8	0
1	224. PHYSICIAN'S NAME LTYPE	OR PRINT]		22e ADDRESS							
1	DR. B. KAY	YAL I		6701 N.	CHARLE:	S STE	REET	2	120	4	

MPORTANT: If Hem 21 is

FOR

DHMH-16 20M (VRA 15, 4) 7/78

230 BURIAL, CREMATION, REMOVAL ISPECIEVE BURIAL 1/16/80 Holy Rosary Cemetery George A. Weber & Sons, Inc. -705 S. Ann Street 250. DATE REC'D BY REGISTRAR

23c. NAME OF CEMETERY OR CREMATORY

23b. DATE

23d LOCATION
CITY OR TOWN
Baltimore County, Md.

STATE

Md.

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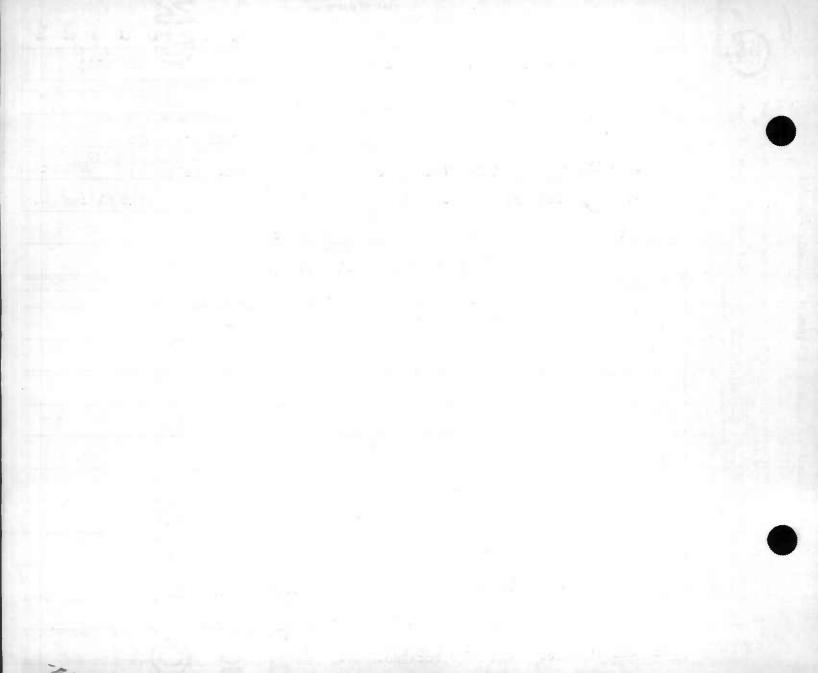
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4		TO HOSPITAL CATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, porchadolable detached for use as the functionist permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours after de-	with the State Dept of Health and Mental Hygiene prior to burtot, cremation, or removal. IMPORTANT: If hem 21 is marked or them 18 shows any injury, or other troumatic event, the medical examinar must be positived at ance.
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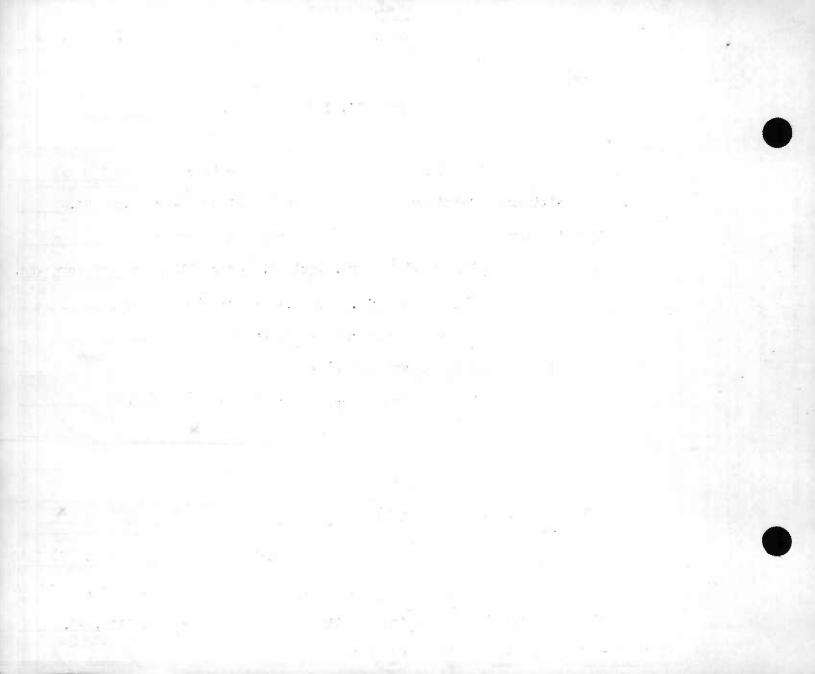
1 - STATE REGISTRAR			DEPART		ICATE OF DEATH	GIENE 8	REG. NO	0	0	٠,)	2	2
I DECEASED NAME (TYPE OR PRINT)	Eliza	beth	C .	Pete	ast TS	2a. DATE O		MONTH	15	YEAR 1980	2b. HO	UR
3. SEX Female	9	4 RACE White		5 DATE C		& AGE (INY	EARS LAST BIRT	HDAY)	MONTHS	ER I YEAR	IF UNDE	R 24 HRS
Jo. BIRTHPLACE (STATE COUNTRY) Md.	OR FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		re city o			EATH		MD.
Lutherv		IF NOT IN SUI	HOSPITAL, NURSING THE FACILITY, GIVE STREET 613 Alsto	ADDRESS)	DR OTHER INSTITUTION	12e USUAL (TYPE OF WOR	OCCUPATE	ON FWORKING	1.01	KIND O	Educ.	essor atio
USUAL RESIDENCE (# 130. STATE Md	1136 COU	R OTHER INSTITUTION NTY LIMOTE	13c. CITY OR TOW Luther	/N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET	ADDRESS	1	613			
14 FATHER'S NAME FIRST Edwin		WIDDLE	Crouch		15. MOTHER'S MAIDEN NA First Elizabet		WIDDLE			LAS	ST .	
I de WAS DECEASED E (YES, NO OR UNKNOWN NO		RMED FORCES? (E WAR OR DATES)	217 14	JRITY NO. 5814A	17 INFORMANT Elizabeth E	. Jame	ADDRE S S	Same				
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190 DATE OF OPI	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	NO [IN CERT	ES, WER	E FINDIN CAUSES	OF DEA	TH?
OR CONTRIBUTING (IF EITHER, NOTIFY M 21d INJURY OCC WHILE N	CAUSE OF DE	21e PLACE		AY YEAR 19	211 LOCATION STREET	RED (ENTER NA	TURE OF INJUR			PART 2)	S	STATE
220.1 certify the saw the decobave, (1) (w 22b. SIGNAPORE 22d. PHYSICIAN*	et (1) (this hosp ceased alive a re) (did) (did n	ot) view the body	u (u)		nd that in (my) (our) apinion DEGREE	MEDICAL DIRECTOR	STAP PHYSIC	er ond he			couses st	
230. BURIAL, CREMATK (SPECHY) But	on, remova rial	236. DATE 1/18/			emetery or crematory ood Cemetery.	23d. LOCA		. 6	COUNT		51 12 Md.	TATE

DHMH-16 20M (VRA 15, 4) 7/78

74 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home 6500 York Pd

250 DINA NECO BY RESPONAR 256 PEGIS RARY SIGNATURE





A The Control of the

The law requires that the death certificate be executed within 24 haurs after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE O REG. NO	0 () 5	2 5
	CEASED NAME FIRST		WIDDLE	ı	AST	20 DATE OF DEATH	MONTH (DAY YEAR	26 HOUR
	William		H.	PH	ILLIPS	January	23.	1980	1:45
3. SE		4 RACE		5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
	Male	Whit		Feb.	14, 1901	78	YRS		
1 / C	SIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O			
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S Mai		other institution, ITY imore	GIVE RESIDENCE BEFORE	ADMISSION) N	134 INSIDE CITY LIMITS? YES NO 24	13e STREET ADDRESS 417 Dorse	y Ave	. 21221	
O 14 FA	ather's NAME George	MIDDLE	Philli	ps	15 MOTHER'S MAIDEN NA Margare	MIDDLE		Phil	lips
16a. W	WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	216-03-9		Margaret Neh	msmann Bal	5 Fait timore	Ave.	21224
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X =						VSS CO NOC	1	YING CAUSES	OF DEATH?
CAL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME O HOUR A.J	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	YES NO REPORTED HER NATURE OF INJUR	YES	S	IGS USED OF DEATH? NO
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7 1 1	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (this hospit saw the deceased alive on above. (we) (did) 22b. SIGN URE	P./ 21e. PLACE ((AT HOME, STR Tol) attended the	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA e deceased from	19 ARM, ETC.) OCON 80. or	211. LOCATION STREET 23 19 79 Id that in (aur) apinion (DEGREE ATTENDING PHYSICIAN [CITY OR TOW	YES YEN ITEM 18, PA	COUNTY 19 80 .	STATE
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ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN:

retained by the haspital

DHMH - 16 50M 1/76 (VR A 15 (4))

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SLACK Funeral Home, Ellicott Ctty, Maryland 21043

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

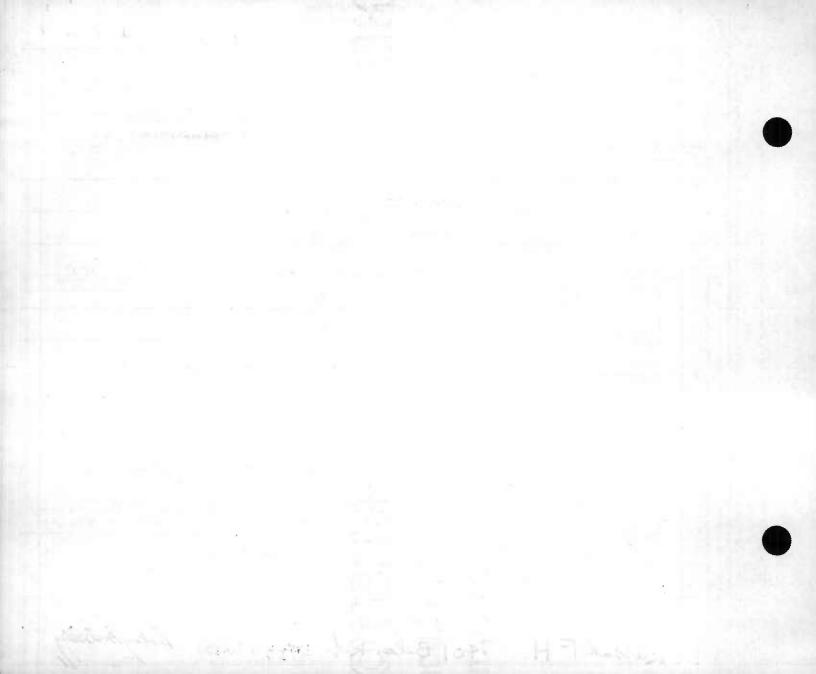
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Charles Plitt 17 1980 D. DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE 5:15A 2c DATE LAST BIRTHDAY) PRONOUNCED 123 Male White DEAD To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland DIVORCED Baltimore County, II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Towson St. Joseph's Hospital Owner-Partner Seafood USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13d INSIDE CITY LIMITS? 113e STREET ADDRESS 136. COUNTY Baltimore Towson Maryland 302 E. Joppa Road NO D FLUAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE George Plitt Shields Ella Ö 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS Yes 212 20 6454 WW Mrs. Charles D. Plitt 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple visceral and skeletal injuries DUE TO, OR AS A CONSEQUENCE OF Candilions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) IFICATION Arteriosclerotic cardiovascular disease 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF YES Y NO CERTI 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 19 80 driver in auto/auto impact CONTRIBUTING CAUSE OF DEATH If LOCATION 21e. PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK PAGE STATE York & Aighburth Rds. Towson, Balto.. street AGE 4 SHOULD BE FORV O FUNERAL DIRECTOR: P FTER DEATH, WITH THE SI ALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held on Inspection Accident X death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn St. Balto. MD AFT AFT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Dulaney Valley Baltimore 24. FUNERAL DIRECTORHENTY W. Jenkins & Sons Co. **DHMH** - 17 21212 VR A15 ME (5) 4905 York Road Balto. Md.

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should be detoched for use os the buriol-tronsit permit. Then please remove carbon powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov

TO FUNERAL DIRECTOR: After this certificate has been

signed by the ottending physicion

8	-1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 O REG. NO.	0530
		CEASED NAME FIRST F VIENA	FRIEDA MIDDLE FISHI	KIND LAST POLLACK	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 3. 3% AM
	3 SE	x FEMALE	A RACE V	S. DATE OF BIRTH MONTH DAY YEAR 10 190	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
27	C	Paland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED XXXX DIVORCED	1 Bothune a	MD.
55	RX1	RANDAELŠTOWN XXXXXXXXXXXXXXXXX	BALTIMORES COUNTY	FIGEN, HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	AT HOME
35	130	MARYLAND 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 130 CITY OR TOWN BALTIMORE	N 13d. INSIDE CITY LIMIT YES XX NO	6976 MILBROOK	. T-1 PARK DR. #21215
30		FIVEL	TRILUCK	15 MOTHER'S MAIDEN	AIDDLE	UNKNOWN
e medico		WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	wed forces? 166 Social Secur war or dates) 218-32-3		HILIP FISHKENDS 8: ALLSTOWN, MD 21133	901 MIDDLEBROOK APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
injury, or other troumotic event, the	Z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE CO Un Control	Stroke I pleusal effor Cled D. M IERMINAL DISEASE OR CONDITION GIV	/EN IN PART 1(0)
oms out in	CERTIFICATION	190 date of operation	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA: (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18,)	PART I OR PART 2)
is morked or Item	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
hem 21		22a. I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 22b SIGNATURE	bro. park	DEGREE ATTENDIN PHYSICIA 126. ADDRESS		19, that (I) (we) lost ur and from the couses stated 22c. DATE SIGNED
IMPORTANT: IF	23a. F	500 N BURIAL, CREMATION, REMOVAL	Q. PARIC	B. C	DRY 23d. LOCATION	Hinne Conty
	(BURIAL		TH YEHUDA ANSHE	CITY OR TOWN	E MARYLAND

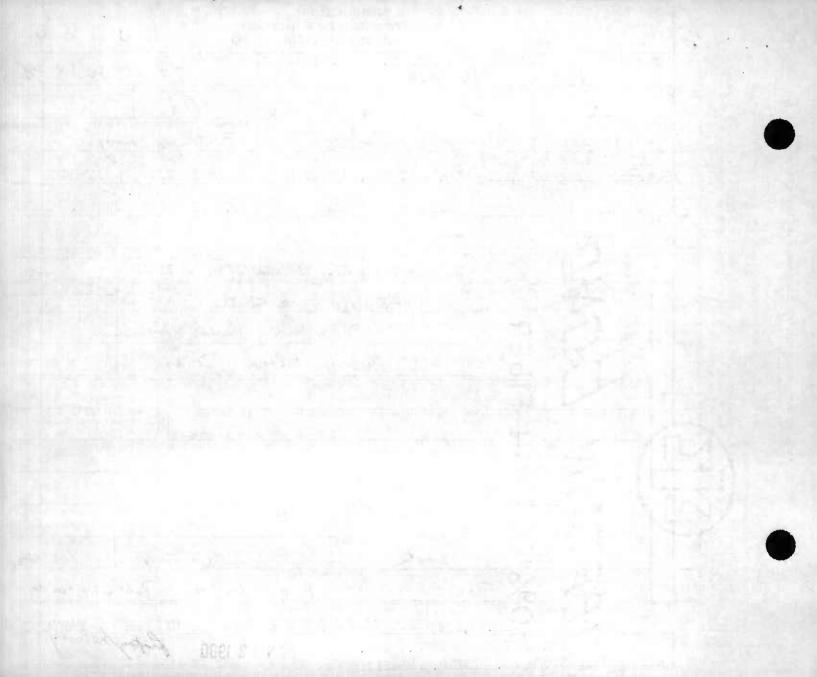
DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD

JAN.16,1980 BETH YEHUDA ANSHE

E KURIAND BALTIMORE MARYLAND

250. DATE REC'D. BY REGISTRAR 254 PER PROPERTY OF THE PROPERTY O



	Ľ	FOR - STATE REGISTRAR		DEPARTI	CERTI	FICATE OF DEATH	REG. NO.	3 3	ı
e €		DECEASED NAME FIRST	~	AIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
dep	2.6	SUE	A1 A1	ANN		LEY OF BIRTH	JANUARY 30	1980	3:45a
NE	3. 3	Female	White			h 21,1914 YEAR	65	MONTHS DAYS	HOURS ME
1	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
In 72		Maryland	U.S.A.		WIDOW		BALTIMORE COU	NTY ,	
by the formal led with fortified	10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY	F BUSINESS
	115	TOWS ON UAL RESIDENCE (IF NURSING HOM	SAIN	I JOSEPH	HOSP	ITAL	Sectetary	Cleric	cal
filled in ould be	130	STATE 136 CC	UNTY	130 CITY OR TOW	/N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
> 2 e	14.	FATHER'S NAME	ltimore	Lutherv	TITE	YES NOX	33 Cavan Drive		
and 2	3/	Joseph	WIDDIE	Kappes		Anna	WIDDLE	Beck	
ā	160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECL	IRITY NO.	17. INFORMANT	ADDRESS	Decr	CL
Pages medica		(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	215-10-8	593	William H. P	hillips 3121 Gree	enway Dr	rive
pers. ol.	F	18. CAUSE OF DEATH (Enter	only one cause per						AATE INTERVAL
physici onpoper emoval. event, th	-	PART I. DEATH WAS CAL	SED BY			the lung with	metastases	51.11.1	130217414000
		1659		R AS A CONSEQU					
attendin nove corb otion, or i froumatic		Conditions, if any, which	(ib)	AS A CONSCOOL	ENCE OF				
		gove rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQU	ENCE OF			184	
e 5 #		underlying cause lost	100210.00	AS A CONSLOO	LINCE OF				
0 - 0	- 1								
ien please rer a burial, crem ury, ar ather	z		IT CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 1(o	1
Then p to bur njury.	ATION								
been signe rmit. Then p prior to bur ony injury,	IFICATION		79 Emb 01	TION FOR WHICH	OPERATION TO	N WAS PERFORMED ight pop. arte	200 AUTOPSY? 206 IF YES	S, WERE FINDIN	GS USED OF DEATH?
has been signe t permit. Then p ene priar to bur aws any injury,	CERTIFICATION		/79 Emb ol- 7/79 Tumo:	TION FOR WHICH i & throi r rt. ear	OPERATION TO THE CONTROL OF THE CONT	www.sperformed ight pop. arte grene rt. foot	200 AUTOPSY? 206. IF YES IN CERTIF	S, WERE FINDIN FYING CAUSES (GS USED
ronsit permit. Then p Hygiene prior to bur 18 shows any injury,	AL CERTIFICATION	190 DATE OF OPERATION 8/24/79.9/5 9/21/79:9/2 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	779 Emb ol. 779 Tumo: Compared to the compared	TION FOR WHICH i & thror r rt. ear FINJURY M. MONTH D,	operation noi r; Gans	www.sperformed ight pop. arte grene rt. foot	200 AUTOPSY? 206 IF YES	S, WERE FINDIN FYING CAUSES (GS USED OF DEATH?
Fransit permit. Then progression of the progression	/	190 DATE OF OPERATION 8/24/79, 9/5 9/21/79; 9/2	/79 Embol. 7/79 Tumo Charler P.A. 21e Place	LION FOR WHICH 1 & THYOT T TT. EAT FINJURY M. MONTH D, M. DE INJURY	OPERATION TO THE STATE OF THE S	www.sperformed ight pop. arte grene rt. foot	200. AUTOPSY? 206. IF YES IN CERTIF	S, WERE FINDIN FYING CAUSES (SS PART 1 OR PART 2)	GS USED OF DEATH? NO
Hydrene prior to but 18 shows any injury,	MEDICAL CERTIFICATION	190 DATE OF OPERATION 8/24/79,9/5 9/21/79;9/2 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	/79 Embol. 7/79 Tumo Charler P.A. 21e Place	TION FOR WHICH I & thror r rt. ear FINJURY M. MONTH D, M.	OPERATION TO THE STATE OF THE S	ight pop. artegrene rt. foot	200 AUTOPSY? 206. IF YES IN CERTIF	S, WERE FINDIN FYING CAUSES (GS USED OF DEATH?
ficate has been signe fransit permit. Then p I Hygiene prior to bur 18 shaws any injury,	/	190 DATE OF OPERATION 8/24/79.9/5 9/21/79.9/2 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	779 Tumo: CEATH PLANT TIME OF HOUR A.A. 216. PLACE C (AT HOME, STRE	TION FOR WHICH i & throi r rt. eai FINJURY M. MONTH D, M. DE INJURY EET, FACTORY, OFFICE, F	OPERATION TO THE CONTROL OF THE CONT	ight pop. artegrene rt. foot 21t. HOW INJURY OCCUR	200 AUTOPSY? 200 IF YES NO X YES N	S, WERE FINDIN YING CAUSES (SS D PART 1 OR PART 2) COUNTY	GS USED OF DEATH? NO
cote has been signe onsit permit. Then p Hygiene prior to bur 8 shows any injury,	/	190 DATE OF OPERATION 8/24/79 9/5 9/21/79 9/2 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF	/79 Emb ol. 7/79 Tumo Control C	TION FOR WHICH i & throi r rt. eai FINJURY M. MONTH D, M. DE INJURY EET, FACTORY, OFFICE, F	OPERATION TO THE TOP T	ight pop. artegrene rt. foot 21t. HOW INJURY OCCUR	200 AUTOPSY? 206. IF YES YES NO X YE RED (ENTER NATURE OF INJURY IN ITEM 18, F	S, WERE FINDIN YING CAUSES (SS D PART 1 OR PART 2) COUNTY	GS USED OF DEATH? NO STATE
CTOR: After this certificate has been signed for use as the busial-transit permit. Then p. of Health and Amental Hygiene prior to bus 12 is marked or Item 18 shows any injury.	/	190 DATE OF OPERATION 8/24/79.9/5 9/21/79.9/2 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK AT WORK 220. I certify that (this ho sow the decessed alive above, (Wee) (did) (this 22b. SIGN AT URE	/79 Emb ol. 7/79 Tumo Control C	TION FOR WHICH i & throi r rt. eai FINJURY M. MONTH D, M. DE INJURY EET, FACTORY, OFFICE, F	OPERATION TO THE TOP T	ight pop. artegrene rt. foot 21t. HOW INJURY OCCUR	200 AUTOPSY? 200 IF YES NO X YES N	S, WERE FINDIN YING CAUSES (SS D PART 1 OR PART 2) COUNTY	GS USED OF DEATH? NO STATE
hed for use as the burial-transit permit. Then pept, of Health and Mental Hygiene prior to buritem 21 is marked or Item 18 shows any injury,	/	190 DATE OF OPERATION 8 24 / 79 9 9 5 9 / 21 / 79 9 9 2 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220. I certify that (this ho sow the decessed olive) above. New (did in a solive)	/79 Emb ol. 7/79 Tumo Control C	TION FOR WHICH i & throi r rt. eai FINJURY M. MONTH D, M. DE INJURY EET, FACTORY, OFFICE, F	OPERATION TO THE TOP T	IN WAS PERFORMED Ight pop. arte grene rt. foot 21t. HOW INJURY OCCUR 21f. LOCATION STREET at 18 1979 and that in (M) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 206. IF YES IN CERTIFY YES NO X YERED (ENTER NATURE OF INJURY IN ITEM 18, F	COUNTY 22C. DATE S	GS USED OF DEATH? NO STATE that (we) I
s detached for use as the burial-transit permit. Then p state Dept, of Health and Mental Hygiene prior to burial. NT: If them 21 is marked or them 18 shows any injury,	/	190 DATE OF OPERATION 8/24/79.9/5 9/21/79.9/2 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that M (this ho sow the deceased alive above, New) (did) (and 27b. SIGN ATURE	/79 Emb OL. 7/79 Tumo 21b. TIME OF HOUR A.A. 21e. PLACE C (AT HOME, STRE spital) ottended the on Tanuar	TION FOR WHICH i & throi r rt. eai FINJURY M. MONTH D, M. DE INJURY EET, FACTORY, OFFICE, F	OPERATION TO THE TOP T	IN WAS PERFORMED Light pop. artegrene rt. foot 21t. HOW INJURY OCCUR 21t. LOCATION STREET St 18 , 1979 and that in (aur) opinion DEGREE	200 AUTOPSY? 200. IF YES IN CERTIFY YES NO X YE RED (ENTER NATURE OF INJURY IN ITEM 18, F) CITY OR TOWN to January 30 depth occurred on the dote and hou	COUNTY 22C. DATE S	GS USED OF DEATH? NO STATE state hot (we) causes stoted
RAL DIRECTOR: After this certificate has been signs detached for use as the burial-transit permit. Then priste Dept. of Health and Mental Hygiene prior to bur ister Dept. of Health and Mental Hygiene prior to bur NT; if them 21 is marked or Item 18 shows any injury.	/	190 DATE OF OPERATION 8/24/79.9/5 9/21/79.9/2 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that a (this ho sow the deceased alive above, (wwe) (did) (MR) 27b. SIGN ATURE 27d. PHYSICIAN'S NAME (TYP)	/79 EMD OL. 7/79 Tumo: Control of the control of th	TION FOR WHICH I & throt r rt. ear FINJURY M. MONTH D. M. DF INJURY SET, FACTORY, OFFICE, F e deceosed from y 30 19 5 Ster death.	OPERATION TO THE TOP T	IN WAS PERFORMED Ight pop. arte grene rt. foot 21t. HOW INJURY OCCUR 21f. LOCATION STREET 21f. LOCATION STREET 21f. LOCATION STREET ATTENDING PHYSICIAN [22e ADDRESS	206. IF YES IN CERTIFY YES NO X YE RED (ENTER NATURE OF INJURY IN ITEM 18, F CITY OR TOWN to January 30 death occurred on the date and hau MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY 19 80 , par and from the county 22c. DATE S Jan .	GS USED OF DEATH? NO STATE
TONERAL DIRECTION And this semicone is been signed by the best of the best of the best of Health and Mental Hygene prior to but of Realth and Mental Hygene prior to but of Real Is is marked or Item 18 shows any injury,	MEDICAL	190 DATE OF OPERATION 8 724 / 79 9 9 5 9 / 21 / 79 9 9 5 9 / 21 / 79 9 9 5 21b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN- 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN- 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN- 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN- 27d. L certify that (this had soon the deceased alive above, wee) (did) (MR) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE 22d. PHYSICIAN'S NAME (TYPE) MI	/79 Embol. 7/79 Tumo? Tumo? 21b. TIME OF HOUR A.A. 21c. PLACE C (AT HOME, STRE spital) oftended the on Ianuar Trew the bady? E OR PRINT) ing Hu, M	LION FOR WHICH i & throt r rt. eat F INJURY M. MONTH D, M. DF INJURY EET, FACTORY, OFFICE, 1 e deceased from y 30 19 1 other death.	OPERATION TO TEST OF THE PROPERTY OF THE PROPE	IN WAS PERFORMED Ight pop. arte grene rt. foot 21t. HOW INJURY OCCUR 21f. LOCATION STREET 21f. LOCATION STREET 21f. LOCATION STREET ATTENDING PHYSICIAN [22e ADDRESS	Z00 AUTOPSY? Z00 IF YES NO X Y	county 19 80 , to rand from the county 2120. DATE S Jan.	GS USED OF DEATH? NO STATE S
SRAL DIRECTOR: After this certificate has been signe of etrached for use as the burial-transit permit. Then p state Dept, of Health and Mental Hygiene prior to burial. If I tem 21 is marked or Item 18 shows any injury,	MEDICAL	190 DATE OF OPERATION 8/24/79.9/5 9/21/79.9/2 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that a (this has sow the deceased alive above, when (idid) (in) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	/79 Embol. 7/79 Tumo? Tumo? 21b. TIME OF HOUR A.A. 21c. PLACE C (AT HOME, STRE spital) oftended the on Ianuar Trew the bady? E OR PRINT) ing Hu, M	LION FOR WHICH i & throi r rt. ear r INJURY M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, 1 deceased from y 30 19 1 other death.	OPERATION TO TEST THE PROPERTY OF THE PROPERTY	216. LOCATION STREET 216. LOCATION STREET 217. HOW INJURY OCCUR 218. LOCATION STREET 218. 1979 Ind that in (a) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS 7620 York]	Z00 AUTOPSY? Z00 IF YE. YES NO X YE RED (ENTER NATURE OF INJURY IN ITEM 18, F CITY OR TOWN TO January 30 death occurred on the date and hau MEDICAL STAFF DIRECTOR PHYSICIAN NO Road, Towson, MD	COUNTY 19 80 , par and from the county 22c. DATE S Jan .	GS USED OF DEATH? NO STATE STATE hot (we) causes stoted SIGNED 30,19

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Walter Brooks Bradley Inc. Dundalk, Md

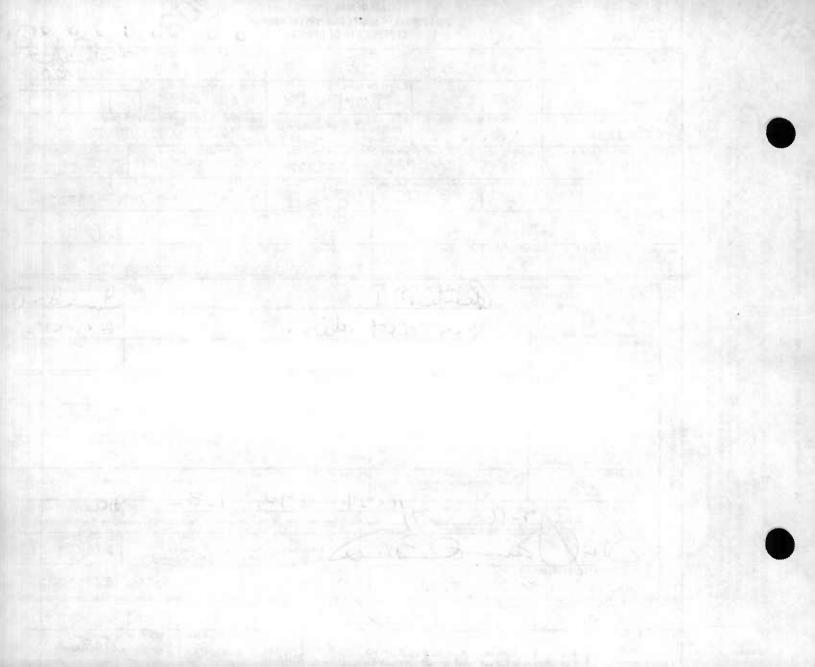
Tistry McCready

STATE OF MARYLAND

FOR

DHMH-16 25M

(VRA 15, 4) 1/79



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STATE OF MARYLAND

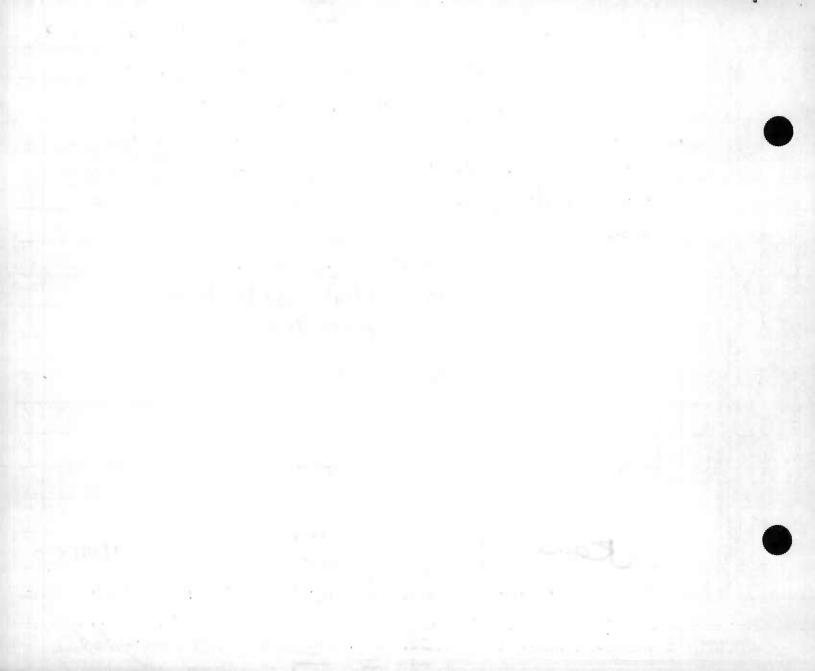
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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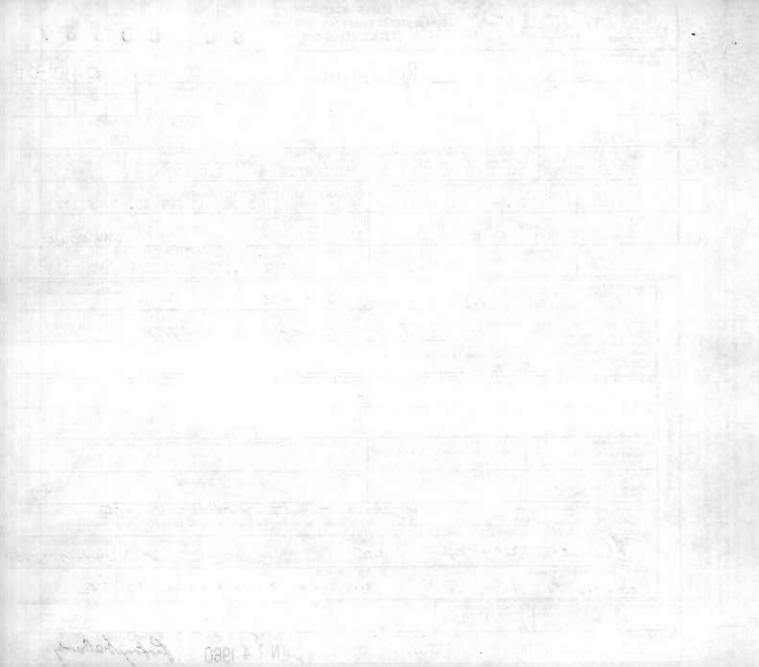
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(VRA 15, 4) 7/78



Rm. 31	8						STAT	OF MARYLAND				
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- 15			1.00	REGISTRAR		MIDDLE		ICATE OF DEATH	O REG. N		, ,	
(34	93	/		CEASED NAME FIRST		T)	ASI	20 DATE OF DEATH	MONTH D	YEAR	26. HOUR
A. A.	58 4	0	90	<u>()50a</u>			eicr	ıman		1-1	1-80	10.50 M
-	200		3. SE		4 RACE	1412	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	_	FUNDER I YEAR	IF UNDER 24 HRS
4	100	0		MALE		ITE	DEC	. 25, 1914	65	YRS.		
6	p p	21	70 B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
8	170	20		MARYLAND	USA		WIDOWE		BALTIMOR			MD.
if the	41	2	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SU	ICH FACILITY, GIVE STREET	ADDRESSI	R OTHER INSTITUTION	128 USUAL OCCUPATI (TYPE OF WORK FOR MOST O			F BUSINESS OR
501	ad y	25		ANDALLSTOWN	BALTIN	MORE COUNT	Y GEN	ERAL HOSP.	MERCHAN		RETA	IL
21.	E 2		USU 13a	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	R OTHER INSTITUTIONTY	N, GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13. STREET ADDRESS			
AN S	# B	19	5	MARYLAND B	ALTO.	RANDALLS		YEXX NO 🗆	9018 SAMOS	ET RD.	#2	1133
RYL	though 2		14. F/	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	1815	145	
MA	d pla	130		LOUIS		REICHMAN		IDA	Model		UNKN	own
R.	D #	1	16a \	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT MRS	. RUTH REPE	MAN		
IMO u be	Page 7	1		YES, NO OR UNKNOWN) (IF YES, GR		214-14-2	2383	9018 SAMOSET	RD., RANDA	LLSTOW	N, MD	21133
BAU	Part of the last o	100		IS CAUSE OF DEATH (Enter of	nly ane cause pe	er line far (a), (b),and	d icid		,		BETWEEN	MATE INTERVAL
The state of	E B	1		PART I. DEATH WAS CAUS	ED BY TE CAUSE (a)	RESPIRA	TOR	FAIN WE				
NO TO	of policy	and and		1619		OR AS A CONSEQUE	NCE OF	•			3,590	
PRESTON	we to		1	Canditians, it any, which	(16)	METAST		CARCINOMA	OF LAR	INX		
4. E	468			gave rise to immediate cause 101, stating the	DUETO	OR AS A CONSEQUE	NCE OF			200	1999	
* #	1.6.5	0	1	underlying cause last.	(6)	J. A. A. CO. 132002						
, 201	ple			PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	01
RECORDS,	Ther Ther	<u> </u>	CERTIFICATION	Track to the same								
FCO he la	as be nit.		CAT	1% DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
	perr	7	TIE						YES NO	YES		NO [
DIVISION OF VITAL IDING PHYSICIAN:	insit p	9	CER	21a. ACCIDENT WAS UNDERLYING		OF INJURY	VEAD	214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	RT 1 OR PART 2)	
VSII Ohys			AL	OR CONTRIBUTING CAUSE OF DE	AIR	I.M. MONTH DA	YEAR					
NO Hd (= = = -	Nec o	MEDICAL	214. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OF TOY		COUNTY	STATE
IVISION STANDS	After s the bi th and	Y ID	\$	AT WORK AT WORK	(AT HOME, 5	TREET, FACTORY, OFFICE, F	ARM, ETC.)	SIREE	CITYONTO	/14	COUNTY	SIAIE
ENE or at	OR: se as leaft	2		22a.1 certify that (1) (this hasp	ital) attended t	he deceased fram	Y-CIY	SER 14 19 79	10 JANUAR	7 // 1	,80	that (1) (we) last
ATT	or us	7		saw the deceased alive at above, (1) (we) (did) (did n	JANUAL	1/ 19	0 or	d that in (my) (aur) apinian o	death occurred on the de	ate and haur	and fram the	causes stated
HO GS G	Din			22h. SIGNIFTUNE	g wiew me bad	y after death.		DEGREE			22c. DATE	SIGNED
AL the l				Menul	i ar	my	M	ATTENDING PHYSICIANI	MEDICAL STAT	F IAN E	بدييل	sky 11,1980
SPIT	ERAL e detac			224. PHYSICIAN'S NAME (TYPE	OR PRINT)	-		220 ADDRESS	J DIRECTOR PHI SIC	1814		
HÖ	should be with the S			ALBENTO	ARK	EGUI		BALTIMONE COL	UNTY GENER	K HOS	ATAL	
To To	of s		23a I	BURIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR CREMATORY	1734 LOCATION			
Y() D RD			(SPECIFY) BURIAL				EMUNAH	BALTIMOR	F	утицо.	RYLAND
Ur_			24 FI	INERAL DIRECTOR SOL					EREC'D. BY REGISTRAR		AR'S SIGNAT	URE _
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10						STATE OF MARYLAND		
	2		1	FOR STATE	DEPARTA	RENT OF HEALTH AND MENTAL HYG	IENE	00279
4			1 -	REGISTRAR		CERTIFICATE OF DEATH	8 U REG. N	00000
	-		DEC	EASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR
			(TYPE	ORPRINT)	MAN OF N	BOLD	TAN	1 10 10-
			SEX		RACE REN	5 DATE OF BIRTH	AGE (IN YEARS LAST BIRT	
	4 0°E 90		367		MACE	MONTH O / DAY / YEAR		MONTHS DAYS HOURS MIN
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	al di hou	1	e. BIF	THPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY O	OR COUNTY OF DEATH
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR RECL NO. FIRST 1. DECEASED NAME 29. DATE KNOWN THE MONTH (TYPE OR PRINT) OF ESTH William Ria11 DEATH MATED 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 24. DATE LAST BIRTHDAY PRONOUNCE Male White Nov 4,1899 80 DEAD YRS 76. CITIZEN OF WHAT COUNTRY? Ja BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland II.S.A. DIVORCED T Baltimore County WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 178 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Mt. Washington 2007 Smith Ave American Brewery Worker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Mt Washington 2007 Smith Ave YES [NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST OF VIT FIRST Unk Riall Unknown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** DIVISION IYES. NO. OR UNKNOWNI Dorothy Robinson 2917 Brightwater La (IF YES, GIVE WAR OR DATES) 216-03-1918 No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES 3 SHOULD BE DEPARTMENT 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHITIMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection death resulted fram: Natural causes Accident Hamicide L Undetermined manner MEDICAL EXAMINER SIGNED EXAMINER'S NAME Charles F O'Donnell M.D. 7501 York Rd (TYPE OR PRINT) Towson, Maryland ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 1/12/80 Baltimore, Holv Redeemer Baltimore, Maryland
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Burial 24. FUNERAL DIRECTOR **DHMH-17** VR A15 ME (5)) Leonard J Ruck Inc. Baltimore, Maryland 15M 7/77

DESCRIPTION OF A SECURITION OF THE SECURITIES OF THE SECURITION OF

D.M. 1			STATE OF MARYLAND		
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000	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) INDUSTRY
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ATTEN oital or a ECTOR: for use a for Use a		/ 3 .	and that in (my) (aur) opinian	death accurred on the date of	
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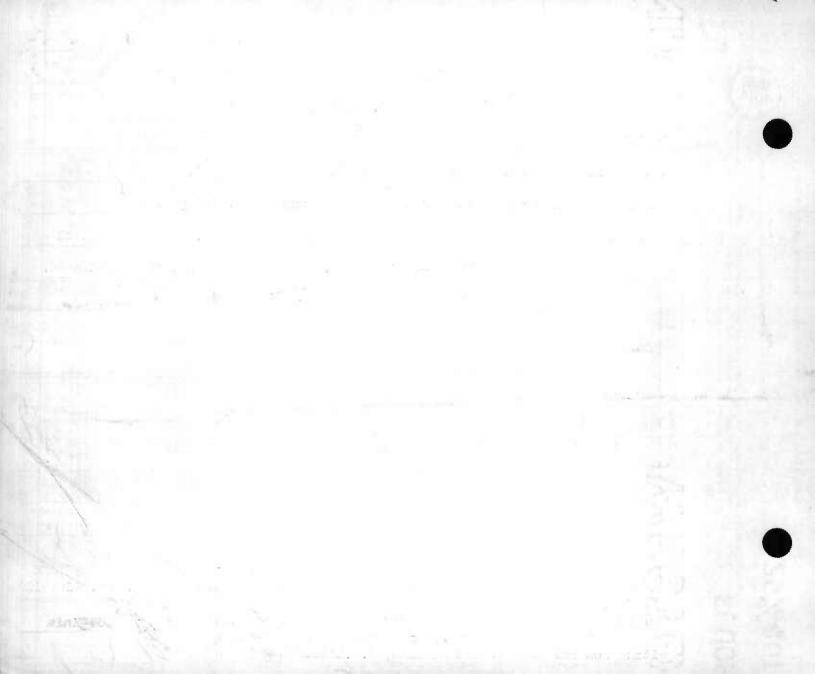
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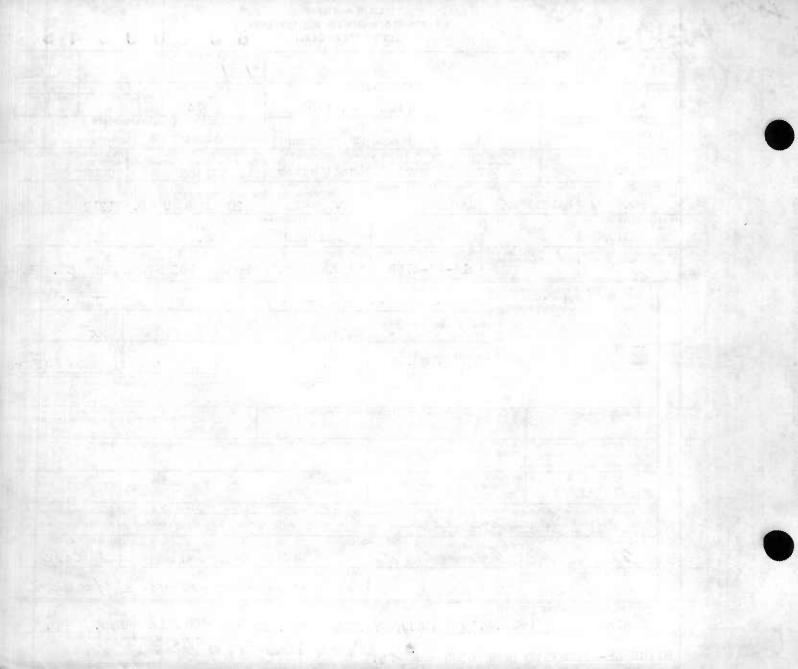
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR ROBBINS January 30. 1980 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS 1897 6. **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Baltimore County DIVORCED | WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House in the Pines Nursino Home Housewife 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Orley Road NOXIXIX IS MOTHER'S MAIDEN NAME MIDDLE Crockett Maggie 17 INFORMANT ADDRESS Mrs. Betty Lee Seiland, 12 Sheraton Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH arechoma PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 211 LOCATION STREET COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22¢ DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Reisterstown Rd. & Slade Ave. Pikesville 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

Onancock. Virginia Mount Holly Cemetery 24 FUNERAL DIRECTOR 1630 Edmondson Avenues Catonsville, Md. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SENATURE Witzke Funeral Home of Catonsville, P.A.21228



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a DATE OF DEATH MONTH DAY 2h. HOUR (TYPE OR PRINT) Albert N. Rosenthal 1/31/80 9:24PM 3 SEX 4 RACE 5 DATE OF BIRTH . AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS IF UNDER 1 YEAR MONTH MALE WHITE FEB 6. 1905 YRS. TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND USA Baltimore County WIDOWED DIVORCED T IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR Greater Baltimore Medical Center TYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY Towson SUPERVISOR COURT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY 13c. CITY OR TOWN 134. STREET ADDRESS 13d. INSIDE CITY LIMITS? MD. BALTIMORE GAYWOOD 220 GAYWOOD RD. 21212 NO XX YES | 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST ROSENTHAL MILDRED S. WHITE ADDRESS 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR LINKNOWN) LIF YES, GIVE WAR OR DATES! 214-40-4788 MRS JOAN R. KRIEGER 702 STONE BARN CT. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Cardiopulmonary arrest muchen DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which Myocardial Infarction gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. Arteriosclerotic Cardiovascular Disease (Long standing) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION to DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene NOT YES T NO I 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK Curo 28 Jun 31 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (drd) (did not) view the body after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS TO FUNE should be o with the S FREDERICK J VOLLMER 6160 PORK RD BALTIMORE MD 21212 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE STATE (SPECIFY) CITY OR TOWN BURIAL COCKEYSVILLE DULANEY VALLEY MEM BALTO 24 FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 25M NAME ADDRESS (VRA 15, 4) 1/79 MITCHELL-WIEDEFELD HOME 6500 YORK RD.



10	1			STATE OF MARYLAND		
100	11.	FOR STATE		IT OF HEALTH AND MENTAL HYGI	ENE	
	1	REGISTRAR		ERTIFICATE OF DEATH	8 REG. NO	00546
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212 hour	USU 13g				CI AILC OF	1111 01
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratherding physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled in by and Mental Hygiene prior to burial, cremation, ar removal.	130.	Md, Ba	Ito. Freelan	YES NO	13e. STREET ADDRESS	Middletown Rd -
RYLA within within within	14. F/	ATHER'S NAME	MIODLE LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	LAST
MAR was ond of was one		James /	1. Mosiem	L311	ra	Jones .
MORE,	16a \	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURIT	Y NO. 17_INFORMANT	D . APP	35 Middletown Rd,
Page es		100 -	- 7/7-0/-64	83 Kamona E.	Nosier Fr	reeland, Md. 21053
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ST., B g phy gappa remay		PART I. DEATH WAS CAUSI	TE CAUSE (0) CONO	revascular ac	cident	8 weeks
or o		436-	DUE TO, OR AS A CONSEQUENCE	EOF all	-	
deat deat		Canditions, if any, which	(b)	E OF Aupertense	ru .	
the remover tree		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	90		
that that thor rath		underlying cause last.	(c)			Extended Factoring
RDS, 20 equires t n signed Then ple to burio	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
ORD requ	CERTIFICATION					
low low	N S	190. DATE OF OPERATION	196. CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAL I	1 =				YES NO	YES NO
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PHYY endir this re bund My dar	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211. LOCATION STREET	CITY OR TOW	'N COUNTY STATE
othe other hand	~	AT WORK AT WORK				
ADIN LOSE of the off see of the off			ital) attended the deceased from	2-3-79 19	_, to i-Z/-	, 19, that (I) (we) lost
TTEP Porto of H		saw the deceased alive or abave. (1) (we) (did no	ot) view the body ofter death.	, and that in (my) (our) opinion d	eath accurred on the do	te and hour and from the causes stated
hos hed hed them		226. SIGNATURE	F 30 5	DEGREE		22c. DATE SIGNED
AL D AL D letoch the D at D It If If If	18	Michael .	A. Tlobarson	M. A ATTENDING PHYSICIAN D	MEDICAL STAF	IAN 1-22-80
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DHMH - 16 50M 7/77 (VR A 15 (4))	1	AME STATE STATE	MAN A PORESS	mounts IAN	2. 8. 1980	Tirkry McCready

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		F OP PRINT				20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HOUR
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FILE	3. SE		5. DATE OF BIRTH	YEAR LAST BIRTHO	ARS IF UNDER 1 YR. IF UN	DER 24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUR
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C REASERS	7a. B	RTHPLACE (STATE OR REIGN ON TRY)	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED THEVER MA	ARRIED BALTIMORE CITY	OR COUNTY OF DEATH
新型にある。 一		1,19	U, J.	H.		ORCED BALTIMORE	
A THE STATE OF THE	10. C	TY OR TOWN OF DEATH		ITAL, NURSING HOMI LITY, GIVE STREET ADDRESS)	E, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK 12 KIND OF BUSINESS
20272		TOWSON			PITAL	Juper-Tormi	AN Opliv. (o
21201 F ANY DEL S. AND 3 TO S. RETAIN P S. ROUND RE CO. C.		LE RESIDENCE (IF IN NURSING HOME (TATE 13b. COUN		13c GITY OR TOWN	ON) 13d. INSIDE CITY LIMIT	52 13e. STREET ADDRESS	
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RE, M		John	W	015 YOH	MA	ude E	Hines
0 848-		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURIT		ADDRE	7°
URS AFTEI URS AFTEI B. GIVE PV WITH FO DIVISION		yes W	WIL	218-01-4	1972	TAMILY 1	record;
		18 CAUSE OF DEATH (Enter on	ly ane cause per line fo	or (a), (b), and (c).)	11		APPROXIMATE INTERVAL TREMERN DOSET AND DEATH
I W. PRESTON ST., I W. PRESTON ST., I WED WITHIN 24 HOU PENCIL IN ITEM 18 ALONG VALITA AND AND AND AND AND AND AND AND AND AN		PART I DEATH WAS CAUSE	TE CAUSE (a)	taule	Mara Pay	dist. Telos	2 Seldan
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AL NEW ALVO		Canditians, if any, which gave rise to immediate	(b) w 1	anaux	reld HS	1001	2=40
O1 W. PREST UTED WITHIN N. PENCIL IN EXAMINER A IAL-TRANYAL MENTAL HYT OR REMOVAL		cause (a) stating the <u>under</u> lying cause last.		S A CONSEQUENCE	E		
S, 301 S, 101 S, 10 P		lying coose lost.	(c)				V
0 000	130	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEACH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN I	H PART I (o).	
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CERTIFIC CERTIFIC TING THE TOED TO E 3 SHOU E DEPART	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF STREET, FACTOR	INJURY (AT HOME.	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVIS THIS CER "WARDED PAGE 3 STATE DEF	>	WHILE AT WORK] SINCE, TACIO	AT, FARM, ETC.)	SINGET	CITY ON TOWN	COUNTY
		22a. I certify that I taak charg	e of the remains descr	ibed abaye, hold as	Autapsy , Inspe	ction X, Inquiry .	and in my apinian
MINER TIFICATE BE FOI FOTOR: I'M THE LAND, 2			Del .		icide . Hamicide	Undetermined manner]
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MAN WANT	1	ACTUAL SIGNATURE	Pot102	mani	III III		DATE 16-80
SHERA ERA EATI		SIGNALORD	the form	e portan	1-11-11-11	MEDICAL EXAMINER	SIGNED 16 16
MED A FINAL A	-	EXAMINER'S NAME (TYPE OR PRINT)			ADDRESS		
TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO A FIER DEATH, WITH I BALTIMORE, MARYLAN	23a. B		3b. DATE	. Izac NAME OF CE	METERY OR CREMATORY	THE LOCATION	. /
BP	(:	DURIA -	1/9/1980		Kwood	MN 100 MA (0	COUNTY AND STATE
DHMH - 17	24.E	NERAL DIRECTOR	11	1	25a. DA	TE REC'D. BY REGISTRAY 1955. RE	GISTRAINSTIDNATOR
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		N. Carlotte				2.3.6	

page 3

ottending physician and campletely filled in by the funeral director, p nove carbanpapers. Pages 1 and 2 shauld be filed within 72 hours after

filled in by

4 may be

executed

requires that the death certificate be

TENDING PHYSICIAN.

	FOR STATE REGISTRAR			AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8	RG NO	0	0		aĵ	8
	CEASED NAME FIRST		MDDLE		AST	2e. DATE OF	_	ONTH	OAY	YEAR	26. HO	4 0
3. SE	1RV1	N T4 RACE		RU Is date o	BIN	& AGE (IN YE			15	80	6 :	- 20 11
	MALE	WHITE			R. 24, 1917	6:		YRS	MONTHS	DAYS	HOURS	MIN.
7a. B1	RTHPLACE (STATE OR FOREIGN OUNTEY) MARY LAND	76. CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	D XXNEVER MARRIED D	P. BALTIMORE CITY OR COUNTY OF DEATH TOWSON BALTIMORE COUNTY						
B.	ALT LMORE	6701	N. CHA	G HOME CADDRESS)	GBMC STREET	17a USUAL (TYPE OF WORK)	FOR MOST OF	N		PORTER	TYON THES	NE OR
USU/ 13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 COL MARYLAND BAL'	OR OTHER INSTITUTION, JUNTY TIMORE	GIVE RESIDENCE BEFORE 13c. CITY OR TOW CARNE	N	134. INSIDE CITY LIMITS?	13e. STREET / 2 B	ADDRESS EGONIA	CT.	#2	2123	4	
14. FA	ATHER'S NAME FIRST SAM	WIDDLE	RUBIN		15. MOTHER'S MAIDEN NAME FIRST	MĒ	WIDDLE		SI	AMO ¹		
16a V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? WE WAR OR DATES) II - ARMY	213-10-		17 INFORMANT MRS. CARNEY, MD		HN^ PROFE 1234	NE	2 BE	GON	IA C	Τ.
/	18 CAUSE OF DEATH (Enter PART). DEATH WAS CAUS IMMEDI. Conditions, if ony, which gove rise to immediate cause (o), stoting the	ATE CAUSE (a)		TATI	C CA. OF LU	NG	,			ETWEEN	MATE INTE ONSET AND	DEATH
CERTIFICATION	underlying couse last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	200 AUTO		20% IF YE	S. WERE	FINDIN	IGS USE	TH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTERNA	TURE OF INJURY	IN ITEM 18,	PART I OR	PART 2)		
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC.)	21f LOCATION STREET		CITY OR TOWN		cou	INTY	s	STATE
1	22a. L certify that (1) (this has			0_,,	12/246, 19 79 and that in (my) (our) apinion in	to	d on the dot	5 le and ho			that (I) <u>(</u>	
	above, (I) (we) (did) (did i 22h. SIGNATU II	who as			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF				SIGNED	
1	DR. S.P.				GREATER BA				AL	CEN	TER	
(BURIAL, CREMATION, REMOVA	JAN.1			YOUNG MEN	234. LOCA CHY O BA	PTOWN	RE	COUNTY	MAR	sı YLAN	TATE ND
	UNERAL DIRECTOR SOL	LEVINSON	& BROS.,	INC	YOUNG MEN. DAT	E REC'D. BY R	EGISTRAR Z	Sh. REGIS	TRAR'S	hal	URE LE	*

DHMH-16 20M (VRA 15, 4) 7/78

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

f: 1: , , \-\f

requires that the death certificate be executed within 24 hours after death. Page 4 may be

by the funeral director, page iled within 72 hours ofter dear

completely filled it and 2 should b

medical

injury, ar other traumatic event, the

MPORTANT: If Item 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

DHMH - 16 50M 7/77 (VR A 15 (4)) REGISTRAR

FIRST

S.

4. RACE

William

MIDDLE

RUFF

1. DECEASED NAME

3. SEX

STATE OF MARYLAND

DAY

YEAR

REG. NO

MONTH

YEAR

1980

MONIHS DAYS

2b. HOUR

11:45PM

IF UNDER 24 HRS

20 DATE OF DEATH

January

6. AGE (IN YEARS LAST BIRTHOAY)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

	Male		white	75 50 100	nec.	2. 1907	12	YRS.		
	RTHPLACE ISTATE OR FO	DREIGN 71	CITIZEN OF	WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY O	FDEATH	
	Marvland		USA		WIDOWE		Raltim	ore Count	- 17	MD.
10 CI	TY OR TOWN OF DEA	ATH I	1. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCL		12b. KIND OF BUSINE	
	Rossville		Frank	lin Squa	re Hos	pital	Propriet	or	Gasoline	Sta.
	AL RESIDENCE (IF NURS	ING HOME OR O		GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS?	13e STREET ADDR	ecc		
	Marvland		imore	Linover		YES NO XX		ry Avenue		
I4 FA	THER'S NAME	Dall	TIMOLE	LLINOVEI		15 MOTHER'S MAIDEN NA		ILY AVEILUE		
	FIRST	MI	DDLE	LAST		FIRST	MID		LAST	
	Vashington VAS DECEASED EVER	INITIC ADA	Ruff	16b SOCIAL SEC	CLIDITY NO	Laura Vi		Lee		
		(IF YES, GIVE W		160 SOCIAL SEC	CURITY NO.				21 236	
	No.			215-09-	2897	Sadie L. Ruf	f 211 Her	ry Avenue	Baltimore	Mc
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (g/, (b),	and (c)	1. 0		* .	APPROXIMATE INTER	DEATH
200	PART I. DEATH W	'AS CAUSED		a then	soler	otis Cardi	d vos cula	- Desur	many	
	11960	MMEDIATE				E U.S. W. C. L. S. L.	3 6 11 5	B JEE L	0	
	Total State	4.5.4	DUE TO, OI	r as a conseq	UENCE OF					
100	Conditions, if ony, gove rise to imm		16)							
	couse (o), statin		DUE TO, OF	R AS A CONSEQ	UENCE OF					
	and ying coust	1031.	(c)							
-	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR	CONDITION GIVEN	IN PART 1(o)	
ō										
CERTIFICATION	190 DATE OF OPERAT	TION	19b. CONDI	TION FOR WHIC	HOPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED	
TE							YES TI NO		NG CAUSES OF DEATH	
ER	210. ACCIDENT WAS UND	ERLYING	21b. TIME O			21c. HOW INJURY OCCUR				
	OR CONTRIBUTING			M. MONTH						
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MEI		HILE		EET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY	OR TOWN	COUNTY STA	ATE
	AT WORK									
	22a.1 certify that (1)			^		rece 19 75		19	, that (1) (v	
- 11	sow the decease		1-1-8		, on	d that in (my) (aux) opinion	death occurred on t	the date and hour o	nd from the couses sto	ted
	22b. SICINATURE				. ,	DEGREE	V 45 1 2 2 2		22c. DATE SIGNED	980
m,	Y	A	L/1.		m	ATTENDING -	MEDICAL DIRECTOR PH	STAFF	Jan 2, XI	NE
	22d. PHYSICIAN'S NA	AME (THRE GAR	Section 1			22e ADDRESS	DIRECTOR	113ICIAIN [Journ 29 ams	-
	1. 1	100-2015 2000	0			7507 7 4 1		D 2	M4 24 224	
	The second second second	Hyle,	M.D.			7527 Belain			, Md. 21236)
230 E	SURIAL, CREMATION	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	N CC	DUNTY STA	TE
	Burial	4 10	Jan 5,	1980	Gardens	of Faith Cen	n Baltir	more Co.,	Md.	
24 FL	INERAL DIRECTOR			ADDRESS	Bal	timore, 250. DAT	TE REC'D. BY REGIS	TRAR 256. RESTRA	R'S SIGNATURE	
Di ·	ppel Broth	ers. I	nc. 71		r Road	21206 JA	N 4 198	1) project	my / Kelready	1
	220011			1				-		

James . seno .. variat ite 72 11 72 0.5 מונות מי בו מוני. describle for the engine described graphers for the Saryand has there I thover the way and say oney avenue ----- [7:5-00-2:57 | Said 1. 8) FF 7:1 Lency Venue tltimot, a thouseless to Certify on when the will include age of the contract of the con Ung: al Jenn 5, 4000 Condous of Chitingion (altimore Co., Mi. Manuel . rothers, who. 1710 12.21s Sead 1706

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	0	REGISTRAR				CERTIF	ICATE OF DEATH	ठ	REG. NO	o. U L)	3 0
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hours hours filed	Snu	USUAL RESIDENCE	F NURSING HOME OR			E ADMISSIONS	476	1/10	me 1	laker	ho	ac
n 24 n 24 d be	T Car	130 STATE	136 COUN		CCITY OR TOW	N	134 INSIDE CITY LIMITS?	13R STREE	T ADDRESS	2	7	1
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ARY ed w solete	eg/32	FIRST		MIDDLE D	LAST	54.3	FIRST	ANTE	MIDDLE		LAS) T
	medic	Georg 160 WAS DECEASED	EVED IN LLC AD	1 U	SOCIAL SECL	DITYALO	H NN Q		ADDRE	il N	K	
201 W. PRESTON ST., BALTIMORE, luires that the death certificate be exergined by the attending physician and confinemental papers. Pages 1 urial cremation or removal.	the m	(YES, NO OR UNKNOW		WAR OR DATES	O O O O	KIIYNO.	IT INFORMANT		ADDRE	»7 /	. 1	> ',
ALTIM	nt, t			•	14-02-	4179	Mr. Ja	403	Kupp	-/47	-3 D	CIGHT-MC
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eath arbc	raum	51/	5	DUE TO, OR A	S A CONSEQUE	NCE OF					341	
the d	er t	Conditions, if		((b) Ad	vanced	cirrho	osis of liver	1				
hat the remo	rother	gove rise to couse (o),	stating the	DUE TO, OR A	S A CONSEQUI	NCE OF						
es the d by d by ase	. 0	underlying	couse lost	((c)								
	injury,		SIGNIFICANT	ONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISE	ASE OR CON	DITION GIVEN	IN PART 1	01
DIVISION OF VITAL RECORDS, IDING PHYSICIAN: The law recurrending physician. After this certificate has been six stresh permit. Then the and Mental Hysiene prior to 1.	Àus.	ING DATE OF O										
he la as be mit.	SWC	J In DATE OF O	PERATION	196 CONDITIO	ON FOR WHICH	OPERATION	N WAS PERFORMED	20a AU	TOPSY?	206. IF YES, V		NGS USED OF DEATH?
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he as	Ë		V MILL	MILLOLI	1 110)		ATTENDING	MEDICA				
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TO HOSPIT, retained by the TO FUNERA should be det with the State with the State.	IMPORTANT: If			-Mera, M			9000 Fr			e Driv	e 2	1237
117 11		23a BURIAL, CREMAT	ION, REMOVAL	236. DATE	/		EMETERY OR CREMATORY	CIT	CATION	co	DUNTY	STATE
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